FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708885 **(9)**

1. Corporation Name
PINETREE MANOR CONDOMINIUM , INC.

Principal Place of Business	Mailing Address
2858 PINE TREE DR. #5 MIAMI BEACH FL 33140	2858 PINE TREE DR., #1 [redacted] MIAMI BEACH FL 33140 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1965	3a. Date of Last Report: 01/25/1994
4. FEI Number: NOT APPLICABLE	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MORALES, MARIA
2858 PINE TREE DRIVE #5
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name: LILLIAN SCHOENFELD
82 Street Address (P.O. Box Number is Not Acceptable): 3731 N. COUNTRY CLUB DR
83: # 1529
84 City: AVENTURA **FL** 85 Zip Code: 33180

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Lillian Schoenfeld 3/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D PRESIDENT ☑ Change ☐ Addition
NAME	GONZALES, JOSE	1.2 NAME	JOSE GONZALEZ
STREET ADDRESS	2858 PINE TREE DRIVE, APT. #4	1.3 STREET ADDRESS	2858 PINETREE DR. # 4
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	V	2.1 TITLE	D VICE PRES. ☑ Change ☐ Addition
NAME	SCHOENFELD, LILLIAN	2.2 NAME	ELEANOR MANKIO
STREET ADDRESS	2858 PINE TREE DR #1	2.3 STREET ADDRESS	2858 PINETREE DR #6
CITY-ST-ZIP	MIAMI BCH, FL 00000	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	T	3.1 TITLE	D SECT. TREA ☑ Change ☐ Addition
NAME	MORALES, MARIA	3.2 NAME	LILLIAN SCHOENFELD
STREET ADDRESS	2858 PINE TREE DR #5	3.3 STREET ADDRESS	3731 N. COUNTRY CLUB DR #1529
CITY-ST-ZIP	MIAMI BCH, FL 00000	3.4 CITY-ST-ZIP	AVENTURA FL 33180
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, JOSE	4.2 NAME	
STREET ADDRESS	2858 PINE TREE DR #4	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lillian Schoenfeld Secty Treas. 3/7/95 (305) 671-2056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR 1119