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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 708885

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PINETREE MANOR CONDOMINIUM, INC.

FILED Feb 29 1996 8:00 am Secretary of State

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289 PINE TREE DR. #1 MAMI BEACH FL 33140 280 PINE TREE DR. #1 MAMI BEACH FL 33140 28 Valing Address SHOENFELD 28 Valing Address SHOENFELD 3. Date incorporated or Qualified 5/4/1995 3. First Number 5/4/1995 5. First Number 5/4/1995 5. Certificate of Status Desired 5/4/1995 5. Certificate or Status Desired 5/4/1995 5/4/199
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SCHOENFELD, LILLIAN 3731 N. COUNTRY CLUB DR. 1529 AVENTURA FL 33180 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as 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 obligators or period of 17.0503, Epriograficatives. SIGNATURE Signature speed or private range agent and tright agriculture. Signature speed or private range agent and tright agriculture. NOTE Registered Joint signature required when retreating. NOTE Registered Joint signature required when retreating. DP
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AVENTURA FL 33180 84 City AUCUTURA FL 85 Zip Code 3 200 20 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, 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 SIGNATURE Signature typed or prited ranie of registering agent and tright applicable. NOTE: Registered Agent spreature required when reinstating! DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP DELETE 11 TITLE Change Addition Addition AMME GONZALEZ, JOSE 2858 PINETREE DR. 4 13 STREET ADDRESS 2858 PINETREE DR. 4 13 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33 / Y O DELETE 21 TITLE DVP DELETE DVP DELETE 21 TITLE DVP DELETE 21 TITLE DVP DELETE DVP DELETE DVP DVP DVP DVP DVP DVP DVP DV
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11. Pursuant to the provisions of Sections 61?.0502 and 617.1508, Fiorida 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 tamiliar with, and accept the obligators of cection 617.0503, Florida Statutes. SIGNATURE Signature typed or printed reine of registered agent and high equivable. NOTE Registered Agent signature required when reinstating! 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP OFFICERS AND DIRECTORS IN 12 TITLE Signature typed or printed reine of registered agent and high equivable. NOTE Registered Agent signature required when reinstating! DATE OFFICERS AND DIRECTORS IN 12 TITLE DP OFFICERS AND DIRECTORS IN 12 12 NAME 13 STREET ADDRESS ORIV-ST-ZIP MIAMI BEACH FL 32 / 40 14 CITY-ST-ZIP MANDIO, ELEANOR 2858 PINTREE DR. 6 23 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33 / 40 CREETE 24 CITY-ST-ZIP MIAMI BEACH FL 33 / 40 CREETE
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STREET ADDRESS 6.3 STREET ADDRESS
14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutely 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: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3/1/96 (305) 674-205
Date Devine Prone #