FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 29 1996 8:00 am
Secretary of State

DOCUMENT # 708885 (9)

1. Corporation Name

PINETREE MANOR CONDOMINIUM , INC.

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

3. Date Incorporated or Qualified: 05/04/1965
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business	2a. Mailing Address
21 2858 PINETREE DR.	26 SCHOENFELD 3731 N. COUNTRY CLUB
Suite, Apt. #, etc. 22 #1	Suite, Apt. #, etc. 27 DR #1529
City & State 23 MIAMI BEACH, FL	City & State 28 AVENTURA, FL
Zip / Country 24 33140 / 25 DADE	Zip / Country 29 33180 / 30 DADE

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHOENFELD, LILLIAN 3731 N. COUNTRY CLUB DR. 1529 AVENTURA FL 33180	81 Name: SCHOENFELD LILLIAN 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 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Lillian Schoenfeld Secty-trea. 3/1/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GONZALEZ, JOSE 2858 PINETREE DR. 4 MIAMI BEACH FL 33140	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	400001728834 -03/01/96--01019--014 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MANDIO, ELEANOR 2858 PINTREE DR. 6 MIAMI BEACH FL 33140	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST SCHOENFIELD, LILLIAN 3731 N. COUNTRY CLUB DR. 1529 AVENTURA FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DST SCHOENFELD, LILLIAN 3731 N. COUNTRY CLUB DR #1529 AVENTURA, FL 33180	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GONZALEZ, JOSE 2858 PINE TREE DR #4 MIAMI BEACH FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2ND VICE PRES. PANN, MEIR 2858 PINETREE DR #7 MIAMI BEACH, FL 33140	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	2ND VICE PRES. PANN, MEIR 2858 PINETREE DR. #7 MIAMI BEACH, FL 33140	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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 3/1/96 (305) 674-2056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #