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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G80857

(7)

PINORAMA CORP.

FILED May 05 1997 8:00am Secretary of State



Principal Place of Business G/O MARIO PINO 3 CIRCLE DRIVE HIALEAH FL 33010		C/O MARIO PIN 3 CIRCLE DRIVE	Mailing Address C/O MARIO PINO 3 CIRCLE DRIVE HIALEAH FL 33010-5205		3. Date Incorporated or Qualified 3a. Date of Last Report 12/20/1983 05/01/1996				
2. Principal	Place of Business	2a. Mailing Add	dress			4. FEI Number	00/0		Applied For
21		26				59-2372047		-	Not Applicable
Suite, Ap	l. #, etc.	Suite, Apt.	#, etc.	****		5. Certificate of Status Desired		\$8.75	Additional Required
· Cily & St	ale	City & State	9		·····	6. Election Campaign Financing	·-·····	\$5.0	O May Be
23		28				Trust Fund Contribution			d to Fees
Ζφ 24	Country 25	Ζιρ 29		Country 30		8. This corporation has liability for Florida Statutes	or intangible		s. 19 9.032,
	9. Name and Address of Cu	irrent Registered Agent				10. Name and Address of New	Registered /	gent	
	io, mario			81	Name				
3 CIRCLR DRIVE HIALEAH FL 33010				L		ddress (P.O. Box Number is Not Acceptable)			
				83					
				84	City		FL	85 Zi	p Code
SIGNATURE	Signature, typed or printed name of registers								
12.	OFFICERS	od agent and title if applicable S AND DIRECTORS	(NO1	E Registered Age	ant signature requ	ired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECT	DRS IN 12
12. Ti ¹ Lf	OFFICERS SD	AND DIRECTORS	(NOT DELETE		ant signature requ			DIRECTO	
	SD PINO, MARIO	AND DIRECTORS		13. 1.3 TITLE 1.2 NAME				-	
THILE NAME STREET ADDRES	SD PINO, MARIO 3 CIRCLE DR	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS			-	
THE NAME STREET ADDRES CITY-ST-ZIP	SD PINO, MARIO 3 CIRCLE DE HALEAH FL	AND DIRECTORS	DELETE	13. 1.3 TITLE 1.2 NAME 1.3 STREET 1.4 CHY-S	ADDRESS			Chang	e Addition
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Figs hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this filling the port or supplemental amount report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or open attachment with an address.

SIGNATURE

VATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4.28-97

Daytime Phone #