

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90449 030 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # G80857

1. Entity Name

PINORAMA CORP.

2. Principal Place of Business

3 Circle Drive

Suite, Apt. #, etc.

City & State
Hialeah, FL 33010

Zip
33010

Country
USA

3. Mailing Address

2450 SW 137th Ave.

Suite, Apt. #, etc.

Suite 221

City & State
Miami, FL

Zip
33175

Country
USA

4. FEI Number

59-2372047

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

A&P Registered Agent, Inc

Street Address (P.O. Box Number is Not Acceptable)

2450 SW 137th Avenue

Suite 221

City

Miami

FL

Zip Code

33175

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reincorporating)

DATE

4/26/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$300.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP	Pino, Mario	3 Circle Drive	Hialeah, FL 33010				
PTD	Pino, Leopoldo	1901 Hammond Dr.	Miami Springs, FL				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

DATE

Daytime Phone #

CR2E034B (12/01)