FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P93000052886
PINIAR MORIL MAR	T INC

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90099 019 ***150.00



				21 67142 47824 48484 48476 2447 1867			
Principal Place of Business Mailing Address							
9497 NW 7 AVE MIAMI FL 33150 US	9497 NW 7TH AVE MIAMI FL 33150 US		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 07/27/1993				
2. Principal Place of Business	2a. Mailing Address	- -	4. FEI Number	Applied For			
21	26		65-0434125	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country	Zip Co	untry	8. This corporation owes the current year	Intangible			
24 25	29 30		Personal Property Tax.	☐ Yes ☐ No			
			10. Name and Address of New Registered Agent				
TAHIR, JAMILA		81 Name					
1111 NE 203 ST		82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33179		83					
;		84 City		-			
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	t and title if applicable (NOTE: Decistory	d Agent signature required	when reinstating) OATE				
Signature, typed or printed name of registered agent			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12			

12	SIGNATURE	· · · · · · · · · · · · · · · · · · ·			- visit durbas asignitation)	OĀ.	TE	
TILE VP		Signature, typed or printed name of registered agent and title it applicable	, (NOTE: Re			_		2S IN 12
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Thereby 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 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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _