

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90008 044 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000042334

1. Corporation Name
PINE SERVICES, INC.



Principal Place of Business
520 BRICKELL KEY DRIVE 0-305
MIAMI FL 33131

Mailing Address
520 BRICKELL KEY DRIVE 0-305
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/11/1998

4. FEI Number
05-0854779

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 1001 BRICKELL BAY DR.

2a. Mailing Address
26 1001 BRICKELL BAY DR.

Suite, Apt. #, etc.
22 STE # 1910

27 **STE # 1910**

City & State
23 MIAMI, FL

28 **MIAMI, FL**

Zip Country
24 33131 USA

29 **33131** **30 U.S.A.**

9. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE 0-305
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINHEIRO, NELSON N	1.2 NAME	Pinheiro, Nelson N
STREET ADDRESS	1001 BRICKELL BAY DR., LOBBY LEVEL	1.3 STREET ADDRESS	1001 Brickell Bay Dr., Lobby Level
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Miami, Fl 33131
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINHEIRO, NOBERTO N	2.2 NAME	Pinheiro, Noberto N
STREET ADDRESS	1001 BRICKELL BAY DR., LOBBY LEVEL	2.3 STREET ADDRESS	1001 Brickell Bay Drive, Lobby Level
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	Miami, Fl 33131
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Pinheiro, Marcia
STREET ADDRESS		3.3 STREET ADDRESS	1001 Brickell Bay Drive, Lobby Level
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Fl 33131
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Rodrigues, Maria de Lourdes
STREET ADDRESS		4.3 STREET ADDRESS	1001 Brickell Bay Drive, Lobby Level
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Fl 33131
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 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: **MARCIA PINHEIRO** 4-2-99 305 577 8991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

U191121