

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

FILED

Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 429385 (8)

1. Corporation Name  
PINZON PRODUCTS, INC.

Principal Place of Business  
611 S.W. 99 PL  
MIAMI FL 33174

Mailing Address  
611 S.W. 99 PL  
MIAMI FL 33174-1888



3. Date Incorporated or Qualified 06/28/1973  
3a. Date of Last Report 04/30/1996

4. FEI Number 59-1565507  
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

2. Principal Place of Business

21 7730 N.W. 72 Ave  
Suite, Apt. #, etc.

22 City & State

23 Miami, FL

24 33166

25 Country

2a. Mailing Address

26 7730 N.W. 72 Ave  
Suite, Apt. #, etc.

27 City & State

28 Miami, FL

29 33166

30 Country

9. Name and Address of Current Registered Agent

FERNANDEZ, FLORENTINO JR.  
611 SW 99 PLACE  
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name  
Florentino Fernandez Jr

82 Street Address (P.O. Box Number is Not Acceptable)  
7730 N.W. 72 Ave

83

84 City  
Miami

85 FL

85 Zip Code  
33166

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 Statute.

SIGNATURE Florentino Fernandez Jr  
Signature of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/7/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE VTD  
NAME FERNANDEZ, ESTHER  
STREET ADDRESS 2457 COLLINS AVE #1103  
CITY-ST-ZIP MIAMI BEACH FL  
☐ DELETE

TITLE PD  
NAME FERNANDEZ, FLORENTINO  
STREET ADDRESS 2457 COLLINS AVE #1103  
CITY-ST-ZIP MIAMI BEACH FL  
☐ DELETE

TITLE SVD  
NAME FERNANDEZ, FLORENTINO JR  
STREET ADDRESS 611 SW 99 PL  
CITY-ST-ZIP MIAMI FL  
☐ DELETE

TITLE VD  
NAME FERNANDEZ, CARLOS A.  
STREET ADDRESS 8501 SW 94 AVE.  
CITY-ST-ZIP MIAMI FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do 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.

SIGNATURE Florentino Fernandez Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

CR2E034 (9/96)