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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F38628** **(6)**

1. Corporation Name

PINSAL EXPORT, INC.

Principal Place of Business	Mailing Address
6174 NW 74TH AVENUE MIAMI FL 33166	6174 NW 74TH AVENUE MIAMI FL 33166

3. Date Incorporated or Qualified: **08/14/1981**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **59-2118005** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PINERES, HERNANDO
9650 SW 122 Ave.
Miami, Fl. 33186

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	President	☐ Change ☐ Addition
NAME	PINERES, HERNANDO		12 NAME	Pineres, Hernando	SAME
STREET ADDRESS	10221 SW 116 AVE		13 STREET ADDRESS	9650 SW 122 Ave.	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	Miami, Fl.	
TITLE	V	☒ DELETE	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	~~PINERES, ALFREDO~~		22 NAME	Pineres, Silvia	
STREET ADDRESS	~~1146 SW 11TH STREET~~		23 STREET ADDRESS	9650 SW 122 Ave	
CITY-ST-ZIP	~~MIAMI FL~~		24 CITY-ST-ZIP	Miami, Fl.	
TITLE	ST	☒ DELETE	31 TITLE	Secretary	☐ Change ☒ Addition
NAME	~~PINERES, SILVIA~~		32 NAME	Pineres, Simon	
STREET ADDRESS	~~10221 SW 116 AVE~~		33 STREET ADDRESS	9650 SW 122 Ave	
CITY-ST-ZIP	~~MIAMI FL~~		34 CITY-ST-ZIP	Miami, Fl.	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ HERNANDO G. De Pineres 2/22/96 305/591-3271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)