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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G13487 (5)

1. Corporation Name
PINE DALE OF MIAMI, INCORPORATED

Principal Place of Business
6355 NW 36TH STREET
5TH FLOOR
VIRGINIA GARDENS FL 33166

Mailing Address
6355 NW 36TH STREET
5TH FLOOR
VIRGINIA GARDENS FL 33166



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|------------------------|---|-----------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/15/1982 | |
| 21. 6355 N.W. 36th ST. | 26. 6355 N.W. 36th ST. | 4. FEI Number 59-2254782 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. 22. SUITE # 506 | | Suite, Apt. #, etc. 27. SUITE # 506 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State 23. VIRGINIA GARDENS, FL. | | City & State 28. VIRGINIA GARDENS, FL. | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip 24. 33166 | Country 25. U.S.A. | Zip 29. 33166 | Country 30. U.S.A. | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

8. Name and Address of Current Registered Agent

SPENCER, THOMAS R., JR.
801 BRICKELL AVENUE
SUITE 1901
MIAMI FL 33131

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|----------------------|
| TITLE | VTD | 1.1 TITLE | DPS |
| NAME | OBREGON, CARLOS E. | 1.2 NAME | DE ARMAS, ARMANDO |
| STREET ADDRESS | 7455 S.W. 129 CT. | 1.3 STREET ADDRESS | 6355 N.W. 36th ST. |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | MIAMI, FL. 33166 |
| TITLE | PD | 2.1 TITLE | VS |
| NAME | IGLESIAS, CARLOS A. | 2.2 NAME | OBREGON, CARLOS E. |
| STREET ADDRESS | 200 ALBATROSS | 2.3 STREET ADDRESS | 7455 S.W. 129 CT. |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | MIAMI, FL. 33183 |
| TITLE | S | 3.1 TITLE | VS |
| NAME | GONZALEZ, FELIPE J. | 3.2 NAME | GONZALEZ, FELIPE J. |
| STREET ADDRESS | 630 N.W. 109 AVE. | 3.3 STREET ADDRESS | 2438 S.W. 99th PLACE |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | MIAMI, FL. 33165 |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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.

SIGNATURE _____ CARLOS E. OBREGON 4-1-98 (305) 871 1157

CR2E034 (10/97)