

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

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

03-17-1999 90144 036 ***150.00

DOCUMENT # **G13487**

1. Corporation Name

PINE DALE OF MIAMI, INCORPORATED

Principal Place of Business

6355 NW 36TH STREET
STE 506
VIRGINIA GARDENS FL 33166
US

Mailing Address

6355 NW 36TH STREET
STE 506
VIRGINIA GARDENS FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1982

4. FEI Number

59-2254782

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. 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

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

TITLE **DPS** ☒ DELETE
NAME **DE, ARMAS A.**
STREET ADDRESS **6355 NW 36TH ST**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **VS** ☒ DELETE
NAME **OBREGON, C E**
STREET ADDRESS **7455 SW 129 CT**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **VS** ☒ DELETE
NAME **GONZALEZ, FELIPE J.**
STREET ADDRESS **2438 SW 99TH PL**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DPT** ☐ Change ☐ Addition
1.2 NAME **DE ARMAS, ARMANDO**
1.3 STREET ADDRESS **6355 NW 36TH ST. suite # 506**
1.4 CITY-ST-ZIP **VIRGINIA GARDENS, FL. 33166**

2.1 TITLE **VS** ☐ Change ☐ Addition
2.2 NAME **OBREGON, CARLOS E**
2.3 STREET ADDRESS **7455 SW 129 CT**
2.4 CITY-ST-ZIP **MIAMI, FL. 33183**

3.1 TITLE **S** ☐ Change ☐ Addition
3.2 NAME **GONZALEZ, FELIPE J**
3.3 STREET ADDRESS **2438 SW 99th PL**
3.4 CITY-ST-ZIP **MIAMI, FL. 33165**

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS E. OBREGON 3-11-99 (305)8711157

Date

Daytime Phone #

CR2E034 (11/98)