FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **G77327** **(6)**

1. Corporation Name
PINES INDUSTRIES, INC.

Principal Place of Business
3301 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES FL 33134

Mailing Address
3301 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified **01/04/1984**
3a. Date of Last Report **04/07/1995**

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30

4. FEI Number **59-2431397** 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

9. **Name and Address of Current Registered Agent**
PINES, RICARDO, JR.
3301 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES FL 33134

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 of Typed or printed name of registered agent and the date of filing ___ NOTE: Registered Agent signature required when filed alone ___ DATE

12. OFFICERS AND DIRECTORS

TITLE	~~P~~	☒ DELETE
NAME	~~PINES, RICARDO, JR.~~	
STREET ADDRESS	~~3301 PONCE DE LEON B PTH~~	
CITY-ST-ZIP	~~CORAL GABLES FL~~	
TITLE	P	☐ DELETE
NAME	PINES, RICARDO, DR.	
STREET ADDRESS	3301 PONCE DE LEON B PTH	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	☐ DELETE
NAME	PINES, EDUARDO	
STREET ADDRESS	8805 ARVIDA DR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	☐ DELETE
NAME	PINES, GUSTAVO	
STREET ADDRESS	8805 ARVIDA DR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	☐ DELETE
NAME	PINES, ELBA	
STREET ADDRESS	8805 ARVIDA DR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	200001784882	☐ Change ☐ Addition
6.2 NAME	-04/18/96--01009--040	
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

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)(k), 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: _____ 4/20/96 305-579-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)