FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jul 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT # J65179 (0)THE PINEAPPLE DESIGNS, INC. Principal Place of Business Mailing Address SECTION S COMAL CABLES PL 00104 6548 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/02/1987 2. Principal Place of 9 Applied For 59-2826312 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ Yes ☐ No Personal Property Tax due June 30. Name and Address of Current Register 10. Name and Address of New Registered Agent SANCHEZ, FERNANDO 3600 HIBISEUS ST. 82 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed 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 it applicable (NO11: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE **Change** 1.1 TITLE TITLE **SANCHEZ, FERNANDO** 1.2 NAME NAME 326 MENORES STREET ADDRESS 1.3 STREET ADDRESS ADDRESSS CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME 23 STHEET ADDRESS STREET ADDRESS 2. 4 City-St-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 53 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

ort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the amptivered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in appraidings

filing a filing

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14. I hereby certify that the information supplied

Block 12 or Block 13 if changed

indicated on this annual report or supplemental a officer or director of the corporation of the receiver