

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 19 PM 12:18

**DOCUMENT # K86133 (1)**

1. Corporation Name  
**PINE FINANCIAL SERVICES, INC.**

Principal Place of Business	Mailing Address
1001 SOUTH BAYSHORE DR O STE 1912 MIAMI FL 33131 US	1001 SOUTH BAYSHORE DR O STE 1912 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	05/04/1989	04/21/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22 SUITE #1906	27 SUITE #1906	65-0137449	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
		b. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

VALDES-FAULI, RAUL J ESQ  
ONE BISCAYNE TOWER #3400  
2 S BISCAYNE BLVD  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	PINE FINANCIAL SERVICES		
82 Street Address (P.O. Box Number is Not Acceptable)			
83	1001 S.BAYSHORE DRIVE		
84 City	MIAMI	85 Zip Code	FL 33131

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Marcia Pinheiro* **MARCIA PINHEIRO** 6/13/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINHEIRO, FRANCISCO J N	1.2 NAME	
STREET ADDRESS	1001 S BAYSHORE DR #1912	1.3 STREET ADDRESS	1001 S.BAYSHORE DR., SUITE #1906
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	DS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINHEIRO, NELSON NOGUEIRA	2.2 NAME	
STREET ADDRESS	1001 S BAYSHORE DR., STE 1912	2.3 STREET ADDRESS	1001 S.BAYSHORE DR., SUITE #1906
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	DT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINHEIRO, NOBERTO N	3.2 NAME	
STREET ADDRESS	1001 S BAYSHORE DR #1912	3.3 STREET ADDRESS	1001 S.BAYSHORE DR., SUITE #1906
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINHEIRO, MARCIA	4.2 NAME	
STREET ADDRESS	1001 S BAYSHORE DR., STE 1912	4.3 STREET ADDRESS	1001 S.BAYSHORE DR., SUITE #1906
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MARIA DE LOURDES RODRIGUEZ
STREET ADDRESS		5.3 STREET ADDRESS	1001 S.BAYSHORE DR., SUITE #1906
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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: *Marcia Pinheiro* **MARCIA PINHEIRO** 6/13/95 (305) 577-8991  
Signature, typed or printed name of signing officer or director Date (Before 11:00 p.m.)

CR2E094 (3/95)