

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Marchion
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K86133** (1)

1. Corporation Name

PINE FINANCIAL SERVICES, INC.



Principal Place of Business

1001 SOUTH BAYSHORE DR O
STE 1912
MIAMI FL 33131
US

Main Office Address

520 BRICKELL KEY DR.
SUITE 305
MIAMI FL 33131

2. Principal Place of Business

21 Subj. Apt. No., etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1001 S. Bayshore Dr.

27 Suite # 1910

28 Miami, FL

29 33131 30 U.S.A.

3. Date Incorporated or Qualified
05/04/1989

3a. Date of Last Report
07/19/1995

4. F.I.I. Number
65-0137449

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. 199.022,
Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

**STEPHEN A. FREEMAN
520 BRICKELL KEY DR
SUITE 305
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 607.0302 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Signer (Typed or Printed Name of Signer) Date

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PINHEIRO, FRANCISCO J N	
STREET ADDRESS	1001 S BAYSHORE DR #1912	
CITY, ST, ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PINHEIRO, NELSON NOGUEIRA	
STREET ADDRESS	1001 S BAYSHORE DR., STE 1912	
CITY, ST, ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PINHEIRO, NOBERTO N	
STREET ADDRESS	1001 S BAYSHORE DR #1912	
CITY, ST, ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PINHEIRO, MARCIA	
STREET ADDRESS	1001 S BAYSHORE DR., STE 1912	
CITY, ST, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 treasurer or the person authorized to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of office or appointment was authorized.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 (305) 534-3400

CR2E034 (12/95)