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Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**
Mailing Address: **1001S BAYSHORE DR SUITE #1910 MIAMI FL 33131-4939 US**

3. Date Incorporated or Qualified: **05/04/1989** 3a. Date of Last Report: **04/09/1996**
4. FEI 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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 1001 S. Bayshore Dr Suite Apt. #, etc. 22 Suite # 1910 City & State 23 Miami, FL Zip 24 33131 Country 25 U.S.A.**

2a. Mailing Address: **26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30**

9. Name and Address of Current Registered Agent: **FREEMAN, STEPHEN A 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 607.0502 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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP <input type="checkbox"/> DELETE	PINHEIRO, FRANCISCO J N	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PINHEIRO, FRANCISCO J N	1001 S BAYSHORE DR #1912	1.2 NAME:	
STREET ADDRESS: 1001 S BAYSHORE DR #1912	MIAMI FL	1.3 STREET ADDRESS:	
CITY - ST - ZIP:		1.4 CITY - ST - ZIP:	
TITLE: DS <input type="checkbox"/> DELETE	PINHEIRO, NELSON NOGUEIRA	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PINHEIRO, NELSON NOGUEIRA	1001 S BAYSHORE DR., STE 1912	2.2 NAME:	
STREET ADDRESS: 1001 S BAYSHORE DR., STE 1912	MIAMI FL	2.3 STREET ADDRESS:	
CITY - ST - ZIP:		2.4 CITY - ST - ZIP:	
TITLE: DT <input type="checkbox"/> DELETE	PINHEIRO, NOBERTO N	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PINHEIRO, NOBERTO N	1001 S BAYSHORE DR #1912	3.2 NAME:	
STREET ADDRESS: 1001 S BAYSHORE DR #1912	MIAMI FL	3.3 STREET ADDRESS:	
CITY - ST - ZIP:		3.4 CITY - ST - ZIP:	
TITLE: AS <input type="checkbox"/> DELETE	PINHEIRO, MARCIA	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PINHEIRO, MARCIA	1001 S BAYSHORE DR., STE 1912	4.2 NAME:	
STREET ADDRESS: 1001 S BAYSHORE DR., STE 1912	MIAMI FL	4.3 STREET ADDRESS:	
CITY - ST - ZIP:		4.4 CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY - ST - ZIP:		5.4 CITY - ST - ZIP:	
TITLE: <input type="checkbox"/> DELETE		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 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 or attached, or on an attachment with an address.

SIGNATURE: **Marcia Pinheiro** 2/20/97 (305) 577-8991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)