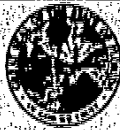


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L49509 (7)

1. Corporation Name
PINEBANK

Principal Place of Business
1001 SOUTH BAYSHORE DRIVE
LOBBY LEVEL
MIAMI FL

Mailing Address
1001 SOUTH BAYSHORE DRIVE
LOBBY LEVEL
MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/30/1991
3a. Date of Last Report 03/23/1994

4. FEI Number 65-0252086
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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME VAZQUEZ, MARCELINO
STREET ADDRESS 3060 NW 4TH ST
CITY-ST-ZIP MIAMI FL

1.1 TITLE C
1.2 NAME PINHEIRO, JAIME ☐ Change ☒ Addition
1.3 STREET ADDRESS 4834 FISHER ISLAND DRIVE
1.4 CITY-ST-ZIP FISHER ISLAND, FL. 33109

TITLE D
NAME GARCIA, FRANK DOMINGUEZ
STREET ADDRESS 3020 NW 3 ST.
CITY-ST-ZIP MIAMI FL

2.1 TITLE D
2.2 NAME PINHEIRO, NELSON ☐ Change ☒ Addition
2.3 STREET ADDRESS 4944 FISHER ISLAND DRIVE
2.4 CITY-ST-ZIP FISHER ISLAND, FL. 33109

TITLE D
NAME ESPINOSA, HEBERTO R.
STREET ADDRESS 3804 ALHAMBRA CR.
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE D
3.2 NAME PINHEIRO, NORBERTO ☐ Change ☒ Addition
3.3 STREET ADDRESS 3505 BAYSHORE VILLAS DRIVE
3.4 CITY-ST-ZIP MIAMI, FLORIDA 33133

TITLE D
NAME LUMPKIN, THOMAS D., II
STREET ADDRESS 6258 SW 99TH TERR.
CITY-ST-ZIP MIAMI FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME DELETE
4.3 STREET ADDRESS ESPINOSA, HEBERTO R.
4.4 CITY-ST-ZIP 3804 ALHAMBRA CR.
CORAL GABLES, FL. 33134

TITLE D
NAME NETSCH, MAITTE
STREET ADDRESS 418 BIANCA AVENUE
CITY-ST-ZIP CORAL GABLES FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(g), 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 registered agent 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:

Thomas D. Lumpkin

4/26/95

(305) 444-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number