FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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 607.1509, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	C ☐ Change ☒ Addition
NAME	VAZQUEZ, MARCELINO	1.2 NAME	PINHEIRO, JAIME
STREET ADDRESS	3060 NW 4TH ST	1.3 STREET ADDRESS	4834 FISHER ISLAND DRIVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	FISHER ISLAND, FL. 33109
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	GARCIA, FRANK DOMINGUEZ	2.2 NAME	PINHEIRO, NELSON
STREET ADDRESS	3020 NW 3 ST.	2.3 STREET ADDRESS	4944 FISHER ISLAND DRIVE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	FISHER ISLAND, FL. 33109
TITLE	D	3.1 TITLE	D ☐ Change ☒ Addition
NAME	ESPINOSA, HEBERTO R.	3.2 NAME	PINHEIRO, NORBERTO
STREET ADDRESS	3804 ALHAMBRA CR.	3.3 STREET ADDRESS	3505 BAYSHORE VILLAS DRIVE
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33133
TITLE	D	4.1 TITLE	DELETE ☒ Change ☐ Addition
NAME	LUMPKIN, THOMAS D., II	4.2 NAME	ESPINOSA, HEBERTO R.
STREET ADDRESS	6258 SW 99TH TERR.	4.3 STREET ADDRESS	3804 ALHAMBRA CR
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	NETSCH, MAITTE	5.2 NAME	
STREET ADDRESS	418 BIANCA AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 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 — Daytime Phone #

0492384 IN