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Mar 07 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 # 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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/30/1991

3a. Date of Last Report

03/28/1996

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME LUMPKIN, THOMAS D
STREET ADDRESS 2655 LE JEUNE ROAD, SUITE #515
CITY-STATE-ZIP CORAL GABLES FL

TITLE DCEO ☐ DELETE

NAME RIERA, FELIX J
STREET ADDRESS 12745 S.W. 69TH AVENUE
CITY-STATE-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME NETSCH, MAITTE
STREET ADDRESS 418 BIANCA AVENUE
CITY-STATE-ZIP CORAL GABLES FL

TITLE C ☒ DELETE

NAME PINHEIRO, JAIME
STREET ADDRESS 4834 FISHER ISLAND DRIVE
CITY-STATE-ZIP FISHER ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C ☒ Change ☐ Addition

1.2 NAME Nelson Pinheiro
1.3 STREET ADDRESS 1001 South Bayshore Drive, Ste. 1910
1.4 CITY-STATE-ZIP Miami, FL 33131

2.1 TITLE VC ☒ Change ☐ Addition

2.2 NAME Noberto Pinheiro
2.3 STREET ADDRESS 1001 South Bayshore Drive, Ste. 1910
2.4 CITY-STATE-ZIP Miami, FL 33131

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Juan Sanchez
3.3 STREET ADDRESS 9502 SW 65 Street
3.4 CITY-STATE-ZIP Miami, FL 33133

4.1 TITLE DEVP ☐ Change ☒ Addition

4.2 NAME Raul Fernandez
4.3 STREET ADDRESS 11258 SW 82 Place
4.4 CITY-STATE-ZIP Miami, FL 33136

5.1 TITLE SVP ☐ Change ☒ Addition

5.2 NAME Marcia Pinheiro
5.3 STREET ADDRESS 80 N. Prospect Drive
5.4 CITY-STATE-ZIP Coral Gables, FL 33133

6.1 TITLE SVP ☐ Change ☒ Addition

6.2 NAME Lorie Yarchin
6.3 STREET ADDRESS 2051 NE 208th Street
6.4 CITY-STATE-ZIP North Miami Beach, FL 33179

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/97(309)539.3400

Date

Daytime Phone #

0528618

CR2E034 (9/96)