

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L49509** (7)  
1. Corporation Name  
**PINEBANK**

Principal Place of Business <b>1001 SOUTH BAYSHORE DRIVE LOBBY LEVEL MIAMI FL</b>	Mailing Address <b>1001 SOUTH BAYSHORE DRIVE LOBBY LEVEL MIAMI FL</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1001 Brickell Bay Drive</b> Suite, Apt. #, etc. 22 City & State 23 <b>Miami, Florida</b> Zip 24 <b>33131</b>		2a. Mailing Address 26 <b>1001 Brickell Bay Drive</b> Suite, Apt. #, etc. 27 City & State 28 <b>Miami, Florida</b> Zip 29 <b>33131</b>		3. Date Incorporated or Qualified <b>04/30/1991</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		4. FEI Number <b>65-0252086</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 607.1508, 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	C	1.1 TITLE	DEV
NAME	NELSON PINHEIRO	1.2 NAME	Raul Fernandez
STREET ADDRESS	1001 SOUTH BAYSHORE DR STE 1910	1.3 STREET ADDRESS	11258 SW 82 Place, Miami, FL 33136
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	D
NAME	NOBERTO PINHEIRO	2.2 NAME	Juan Sanchez
STREET ADDRESS	1001 SOUTH BAYSORE DR STE 1910	2.3 STREET ADDRESS	9502 SW 65 Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	D	3.1 TITLE	D
NAME	LUMPKIN, THOMAS D	3.2 NAME	Marcelino Vazquez
STREET ADDRESS	2855 LE JEUNE ROAD, SUITE #515	3.3 STREET ADDRESS	3060 NW 4 Street
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Miami, FL 33125
TITLE	DCEO	4.1 TITLE	D
NAME	RIERA, FELIX J	4.2 NAME	Frank Garcia
STREET ADDRESS	12745 S.W. 69TH AVENUE	4.3 STREET ADDRESS	3020 NW 3 Street
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33125
TITLE	D	5.1 TITLE	SVP
NAME	NETSCH, MAITTE	5.2 NAME	Marcia Pinheiro
STREET ADDRESS	418 BIANCA AVENUE	5.3 STREET ADDRESS	80 N Prospect Drive
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	Coral Gables, FL 33133
TITLE	SVP	6.1 TITLE	SVP
NAME	LORIE YARCHIN	6.2 NAME	Rafael Casas
STREET ADDRESS	2051 NE 208TH ST	6.3 STREET ADDRESS	12820 SW 107 Street
CITY-ST-ZIP	N MIAMI BCH FL	6.4 CITY-ST-ZIP	Miami, FL 33186

14. I 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: \_\_\_\_\_

01/16/98 (305) 539-3400

CR2E034 (10/97)