

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L78330 (2)

1. Corporation Name  
PINECREST INVESTMENTS, INC.

Principal Place of Business

Mailing Address

RAFAEL B PUGA  
2050 NW 70 AVE.  
MIAMI FL 33126

P.O. BOX 561069  
2050 NW 70 AVE.  
MIAMI FL 33126  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1990

4. FEI Number

65-0207200

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐

Yes

☐ No

2. Principal Place of Business

21 2699 SOUTH BAYSHORE DR

Suite, Apt. #, etc.

22 #800C

23 COCONUT GROVE, FL

24 33133

25 U.S.A.

2a. Mailing Address

26 2699 SOUTH BAYSHORE DR

Suite, Apt. #, etc.

27 #800C

28 COCONUT GROVE, FL

29 33133

30 USA

9. Name and Address of Current Registered Agent

PUGA, RAFAEL B.  
2050 NW 70 AVE  
MIAMI FL 33122

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 PUGA, RAFAEL B J  
NAME 2050 NW 70 AVE  
STREET ADDRESS MIAMI FL  
CITY-ST-ZIP  
☒ DELETE

TITLE D PUGA, PATRICIA R  
NAME 2050 NW 70 AVE  
STREET ADDRESS MIAMI FL  
CITY-ST-ZIP  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

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STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D PUGA, RAFAEL B  
1.2 NAME 2699 SOUTH BAYSHORE DR. #800C  
1.3 STREET ADDRESS COCONUT GROVE, FL 33133  
1.4 CITY-ST-ZIP  
☒ Change ☐ Addition

2.1 TITLE D PUGA, PATRICIA R  
2.2 NAME 2699 SOUTH BAYSHORE DR. #800C  
2.3 STREET ADDRESS COCONUT GROVE, FL 33133  
2.4 CITY-ST-ZIP  
☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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 supplementary 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

4-29-98

(305) 860-5444

CR2E034 (10/97)