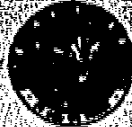


**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Dorcas B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUL 17 AM 9:12

**DOCUMENT # L99766 (2)**

1. Corporation Name  
**PINE OF CAL, INC.**

Principal Place of Business      Mailing Address  
**2121 PONCE DE LEON BLVD SUITE 1100 CORAL GABLES FL 33134 US**

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/13/1990      03/14/1994**  
4. FEI Number      Applied For  
**65-0223893      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  
6. This corporation has liability for intangible tax under s. 199.002, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**COHEN, GARY P.  
46 SW 1ST ST  
201 COMMONWEALTH BLDG  
MIAMI FL 33130**

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	<b>PD</b>
NAME	<b>MINTZ, ZELMAN</b>
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD, #1100</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>SD</b>
NAME	<b>MINTZ, LILLIAN</b>
STREET ADDRESS	<b>2121 PONCE DE LEON BLVD, #1100</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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: *Zelman Mintz*      **ZELMAN MINTZ**      Date: **7/10/95**

CR2E034 (3/95)