

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L99766 (2)**
1. Corporation Name
PINE OF CAL, INC.



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

2. Principal Place of Business: [21] State, Apt. #, etc.; [22] City & State; [23] Zip; [24] Country
2a. Mailing Address: [26] State, Apt. #, etc.; [27] City & State; [28] Zip; [29] Country

3. Date Incorporated or Qualified: **09/13/1990** 3a. Date of Last Report: **07/17/1995**
4. FEI Number: **65-0223893** 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
**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 [85] Zip Code **FL**

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: _____ DATE: _____
Name of Registered Agent (print name of individual) _____

12. OFFICERS AND DIRECTORS
[] DELETE
11. TITLE: **PD**
12. NAME: **MINTZ, ZELMAN**
13. STREET ADDRESS: **2121 PONCE DE LEON BLVD, #1100**
14. CITY, ST, ZIP: **CORAL GABLES FL**
[] DELETE
15. TITLE: **SD**
16. NAME: **MINTZ, LILLIAN**
17. STREET ADDRESS: **2121 PONCE DE LEON BLVD., #1100**
18. CITY, ST, ZIP: **CORAL GABLES FL**
[] DELETE
19. TITLE: _____
20. NAME: _____
21. STREET ADDRESS: _____
22. CITY, ST, ZIP: _____
[] DELETE
23. TITLE: _____
24. NAME: _____
25. STREET ADDRESS: _____
26. CITY, ST, ZIP: _____
[] DELETE
27. TITLE: _____
28. NAME: _____
29. STREET ADDRESS: _____
30. CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
11. TITLE: _____
12. NAME: _____
13. STREET ADDRESS: _____
14. CITY, ST, ZIP: _____
[] Change [] Addition
15. TITLE: _____
16. NAME: _____
17. STREET ADDRESS: _____
18. CITY, ST, ZIP: _____
[] Change [] Addition
19. TITLE: _____
20. NAME: _____
21. STREET ADDRESS: _____
22. CITY, ST, ZIP: _____
[] Change [] Addition
23. TITLE: _____
24. NAME: _____
25. STREET ADDRESS: _____
26. CITY, ST, ZIP: _____
[] Change [] Addition
27. TITLE: _____
28. NAME: _____
29. STREET ADDRESS: _____
30. 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)(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 Book 12 or Book 13 in compliance with an attachment with an address.

SIGNATURE: **ZELMAN MINTZ** / 02/12/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)