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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1	996 DIVISION OF CORPORATIONS		IONS							
DOCUM 1. Corporation N	1ENT #	P93000	051647	(4) N/C	1-18-9	6				
PINEW	OD INTERNA	TIONAL INC.	-57							
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Principa! Place o			Mailing Address	1 7700			/			
11801 NORTH	EST 100TH ROAD									
							3. Date Incorporated or Qualified 3a. Date of Last Report 07/14/1993 02/20/1995			
 Principal Place /359 	e of Business Broadn	vay	· ——· · · · · · · · · · · · · · · · · ·	Broadway	/	4. FEI Number			Applied For Not Applicable	
Suite, Apt. #,	# 722		Surte Apit. #, et	722		5. Certificate o	f Status Desired	1 1	75 Additional se Required	
City & State	'ew York	, NY	City & State	York, N	Υ.	6. Flection Car Trust Fund (nipaign Financing Contribution	□ \$5	.00 May Be	
Zip / 00		New York	7gi 29 /00/	Countr	low yor	8. This corpora	dion has liability for in	ntangible tax unde		
	9. Name and Add	ress of Current F	legistered Agent			10. Name and	Address of New Re	egistered Agent		
VIII OTE	". AT			81						
KIM, STE	:ve Orthwest 100t	H BUAD		82	Streel A	ddress (P.O. Box Numi	per is Not Acceptable	e)		
	FL 33178	n hoad		83						
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11. Pursuant to	the erouis new of Co.	obeno 607.0500	H 667 4506 11 11 0		1			FL I	•	
or registered	Jegent, or both, in tr	ie State of Florida.	id 607, 1508, Florida S Such change was aut 607,0505, Florida Sta	honzed by the core	named cor, libration's b	poration submits this slicard of breectors. Then	tatement for the purp why accept the appo	nose of changing if intruent as registe	.s registered office red agent. Lam	
SIGNATURE _	and accept the obii	ganoris or, section	007.0300, HORBIT Sta	itutes						
S	grature, typed a protection			Not be the performant Age	ot squality tes.			DATE		
12.		OFFICERS AND E		13.		ADDITIONS	CHANGES TO OFFI		·	
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CITY-ST-ZIP			C) becau	4.4 CITY -			00 . 00			
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14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)%, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and a xuirate and that my signature shall have the same legal effect as if made undur 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 13 if changes, or on an attachment with an address

5.2 NAME

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6401*Y-S*-31P

5.4 CITY - ST - ZIP

SIGNATURE 7

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEL**e**te

4-22-96 212-868-1933

☐ Change

☐ Change

Addition

☐ Addition