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FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000041874 (6)

1. Corporation Name

PINES MANAGEMENT COMPANY



Principal Place of Business

5445 COLLINS AVE
CU-8
MIAMI BEACH FL 33140
US

Mailing Address

P O BOX 414235
MIAMI BEACH FL 33141-0235
US

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

02/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 414235
Suite, Apt. #, etc.

27 City & State

28 Miami Beach, FLORIDA

Zip

Country

29 33141-0235

30

US

4. FEI Number

65-0511016

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 193.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MEDINA, RAFAEL B JD PH
5445 COLLINS AVE
CU-8
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

MAXHER PINEDA

82 Street Address (P.O. Box Number is Not Acceptable)

5445 Collins Ave. Suite CU-08

83

84

City
Miami Beach

FL

85 Zip Code
33140

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PINEDA, MAXHER
STREET ADDRESS 5445 COLLINS AVE CU-8
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 amendment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAXHER PINEDA

Date

Daytime Phone #

0193977

04/25/97 (305) 866-2405

CR2E034 (9/96)