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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400056654

1. Corporation Name

PINES FARMS, INC.

Principal Place of Business

Mailing Address

3301 PONCE DE LEON BLVD PENTHOUSE CORAL GABLES FL 33134

3301 PONCE DE LEON BLVD PENTHOUSE CORAL GABLES FL 33134

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90191 027 ***150.00



DO NOT WRITE IN THIS SPACE

							3. Date Incorporated or Qualifed				
							07/28/1994				
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number				
21		26					65-0508973		N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_	5. Certificate of Status Desired				
City & State		City & State				<u> </u>	6. Election Campaign Financing		\$5.00	May Be	
23		28				•	Trust Fund Contribution			to Fees	
Zip	Country Zip C			Country	,	*	8. This corporation owes the current year	ır Intanç	ible		
25 29 30			o			Personal Property Tax.	£] Yes	□No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registe	red Ag	ent		
					Name	;				ļ	
PINES, RICARDO DR.			82	Stree	t Addre	ess (P.O. Box Number is Not Acceptable)					
3301 PONCE DE LEON BLVD				02	Stiee	. Auule	as (F.O. DOX Number is Not Acceptable)		•		
PENTHOUSE				83	t —				•		
CORAL GABLES FL 33134					<u> </u>			—-	1		
				84	City			FI	85	Code	
11 Pursuant	to the provisions of Sections 607 0502	and 607 150	8 Florida Statutes	the abov	e-named	d corpo	ration submits this statement for the ourpos	e of ch	anaina it	s registered	
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										· ·	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe 12. OFFICERS AND DIRECTORS					nt signature	reduited :	ADDITIONS/CHANGES TO OFFICERS		DIRECTO	ORS IN 12	
TITLE					TITLE		ADDITIONO/OFFICEO TO OFFICE		Change	Addition	
1	PINES. RICARDO			1.2 NAME		Ì		_		_	
NAME											
STREET ADDRESS					1.3 STREET ADDRESS					ļ	
CITY-ST-ZIP	CORAL GABLES FL 33134		☐ DELETE	1.4 CITY-S	T-ZIP				7 Change	Addition	
TITLE	VD		□ DELETE	2.1 71TLE		}		L) Criainge		
NAME.	PINES, ELIZABETH			2.2 NAME							
STREET ADDRESS				2.3 STREE		3				İ	
CITY-ST-ZIP -	CORAL GABLES FL 33134	<u> </u>		2.4 CITY-	ST-ZIP	—	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		7.05	- Addition	
TITLE	SD		☐ DELETE	3.1 TITLE				Ĺ] Change	☐ Addition	
NAME	PINES, ELBA			3.2 NAME						Ì	
STREET ADDRESS	3301 PONCE DE LEON BLVD PE	ENTHOUSE		3.3 STREE	TADDRESS	3				1	
CITY-ST-ZIP	CORAL GABLES FL 33134				3.4. CITY-ST-ZIP						
TITLE	TD		DELETE	4.1 TITLE		}		Ĺ] Change	Addition	
NAME	PINES, GUSTAVO			4. 2 NAME							
STREET ADDRESS	3301 PONCE DE LEON BLVD PE	NTHOUSE		4.3 STREE	TADDRESS	3					
CITY-ST-ZIP	CORAL GABLES FL 33134			4.4 CITY- S	T-ZIP	<u> </u>					
TITLE			☐ DELETE	5.1 TITLE] Change	☐ Addition	
NAME			l	5.2 NAME						(
STREET ADDRESS				5.3 STREE	TADDRESS	3			•		
CITY-ST-ZIP				5.4 CITY-S	T-ZIP						
TITLE			☐ DELETE	6.1 TITLE		1] Change	Addition	
NAME				6.2 NAME						[
STREET ADDRESS				6.3 STREE	TADDRESS	3				ł	
CITY-ST-ZIP				6.4 CITY-S	T-ZIP	-				ļ	
OHT-SI-AIF											

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 supplier ental 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 releiver or trusted 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, within other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRH