


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

APPROVED
08/04/99 11:17:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0226960

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000057657 1. Corporation Name PINO CORPORATION OF FLORIDA, INC.					
Principal Place of Business 8567 CORAL WAY MIAMI FL 33155			Mailing Address 8567 CORAL WAY MIAMI FL 33155		

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/04/1994 4. FEI Number 65-0509551 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PINO, BEATRIZ 8567 CORAL WAY MIAMI FL 33155				10. Name and Address of New Registered Agent 81 Name JAVIER PINO 82 Street Address (P.O. Box Number is Not Acceptable) 8567 CORAL WAY 83 84 City Miami FL 85 Zip Code 33155	

11. Pursuant to the provisions of Sections 607.0602 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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-99

12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE VP NAME PINO, JAVIER STREET ADDRESS 1710 GRANADA BLVD. CITY-ST-ZIP CORAL GABLES FL 33134				11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP			
TITLE P NAME PINO, BEATRIZ STREET ADDRESS 5060 S.W. 154TH PLACE CITY-ST-ZIP MIAMI FL 33185				21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP			

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99 (305) 261-9091
 Date Daytime Phone #

CR2E034 (11/98)