FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

~~1995~~ 1996

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

DOCUMENT # P94000066351 (5)

Corporation Name

PINE GROUP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6619 SO. DIXIE HIGHWAY MIAMI FL 33143-7919	POST OFFICE BOX 247 MIAMI FL 33143-7919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1994 | 3a. Date of Last Report:

1. Principal Place of Business: 3850 SW 87TH AVE
Suite, Apt. #, etc.: APT # 308
City & State: Miami, FL.
Zip: 33165 | 25 County: DADE

2a. Mailing Address: 26 8361 SW 107 Ave
Suite, Apt. #, etc.: 27 Unit B
City & State: 28 Miami FL
Zip: 33173 | 29 County: 30 Dade

4. FEI Number: 65-0513217 | 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

PINO, JUAN M
9130 SO. DADELAND BLVD.
STE. 1400
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: JUAN M. PINO
82 Street Address (P.O. Box Number is Not Acceptable): 3850 SW 87TH AVE #308
83
84 City: MIAMI FL | 85 Zip Code: 33165

1. 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: _____ (NOTE: Registered Agent signature required if box 9 is checked) DATE: _____

9. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TLE	PD	11 TITLE	☒ Change ☐ Addition
AME	PINO, JUAN M	12 NAME	
REET ADDRESS	9130 SO. DADELAND BLVD. STE. 1400	13 STREET ADDRESS	3850 SW 87TH AVE #308
TY-ST-ZIP	MIAMI FL 33156	14 CITY-ST-ZIP	Miami, FL. 33165
TLE		21 TITLE	☐ Change ☐ Addition
AME		22 NAME	
REET ADDRESS		23 STREET ADDRESS	
TY-ST-ZIP		24 CITY-ST-ZIP	
TLE		31 TITLE	☐ Change ☐ Addition
AME		32 NAME	
REET ADDRESS		33 STREET ADDRESS	
TY-ST-ZIP		34 CITY-ST-ZIP	
TLE		41 TITLE	☐ Change ☐ Addition
AME		42 NAME	
REET ADDRESS		43 STREET ADDRESS	
TY-ST-ZIP		44 CITY-ST-ZIP	
TLE		51 TITLE	☐ Change ☐ Addition
AME		52 NAME	500001900195
REET ADDRESS		53 STREET ADDRESS	-07/22/96--01017--032
TY-ST-ZIP		54 CITY-ST-ZIP	***200.00
TLE		61 TITLE	☐ Change ☐ Addition
AME		62 NAME	
REET ADDRESS		63 STREET ADDRESS	5-1-96
T-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: _____ 7/3/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #