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Mar 24 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 # P94000067470 (2)

1. Corporation Name
PINA & ASSOCIATES, INC.

Principal Place of Business
201 ALHAMBRA CIRCLE, STE. 701
CORAL GABLES FL 33134

Mailing Address
201 ALHAMBRA CIRCLE, STE. 701
CORAL GABLES FL 33134-5108



2. Principal Place of Business
21 3250 Mary Street

Suite, Apt. #, etc.
22 Suite #208

City & State
23 Coconut Grove, FL

Zip Country
24 33133 25 U.S.A.

2a. Mailing Address
26 3250 Mary Street

Suite, Apt. #, etc.
27 Suite #208

City & State
28 Coconut Grove, FL

Zip Country
29 33133 30 U.S.A.

3. Date Incorporated or Qualified
09/12/1994

3a. Date of Last Report
02/06/1996

4. FEI Number
65-0523282

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

PINA, OSCAR
SUITE 701
201 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name (Registered Agent Same, Street Address
Changed)

82 Street Address (P.O. Box Number is Not Acceptable)
3250 Mary Street

83 Suite #208

84 City Coconut Grove FL 85 Zip Code 33133

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 level of applicability

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
PINA, OSCAR
201 ALHAMBRA CIRCLE, STE. 701
CORAL GABLES FL 33134

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (Officer Is The Same) ☒ Change ☐ Addition

1.2 NAME (Street Address Changed)

1.3 STREET ADDRESS 3250 Mary Street, Suite #208

1.4 CITY-ST-ZIP Coconut Grove, FL 33133

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97

(305) 444-7317

Date

Daytime Phone #

CR2E034 (9/96)