

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **995000017891**
1. Corporation Name
Los Pinos II Corp.

Principal Place of Business Mailing Address
1111 Park Centre Blvd. Ste 230
Miami FL 33169

2. Principal Place of Business
21 **2005 Biscayne Blvd**
Suite, Apt. #, etc.
22 **Ste 1690**
City & State
23 **Miami, Florida**
Zip Country
24 **33131** 25 **Dade**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29
30

3. Date Incorporated or Qualified **03-03-95** 3a. Date of Last Report
4. FEI Number **65-0567098** 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 interjurisdictional tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **Martin Bueno**
82 Street Address (P.O. Box Number is Not Acceptable) **200 S. Biscayne Blvd.**
83 **Ste 1690**
84 City **Miami** FL 85 Zip Code **33131**

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 607.0503, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer/Director)

(Signature of Registered Agent or Officer/Director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change ☒ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-ST-ZIP	☐ Change ☐ Addition
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-ST-ZIP	☐ Change ☐ Addition
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-ST-ZIP	☐ Change ☐ Addition
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY-ST-ZIP	☐ Change ☐ Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY-ST-ZIP	☐ Change ☐ Addition
25. TITLE	26. NAME	27. STREET ADDRESS	28. CITY-ST-ZIP	☐ Change ☐ Addition
29. TITLE	30. NAME	31. STREET ADDRESS	32. CITY-ST-ZIP	☐ Change ☐ Addition
33. TITLE	34. NAME	35. STREET ADDRESS	36. CITY-ST-ZIP	☐ Change ☐ Addition
37. TITLE	38. NAME	39. STREET ADDRESS	40. CITY-ST-ZIP	☐ Change ☐ Addition
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY-ST-ZIP	☐ Change ☐ Addition
45. TITLE	46. NAME	47. STREET ADDRESS	48. CITY-ST-ZIP	☐ Change ☐ Addition
49. TITLE	50. NAME	51. STREET ADDRESS	52. CITY-ST-ZIP	☐ Change ☐ Addition
53. TITLE	54. NAME	55. STREET ADDRESS	56. CITY-ST-ZIP	☐ Change ☐ Addition
57. TITLE	58. NAME	59. STREET ADDRESS	60. CITY-ST-ZIP	☐ Change ☐ Addition
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY-ST-ZIP	☐ Change ☐ Addition
65. TITLE	66. NAME	67. STREET ADDRESS	68. CITY-ST-ZIP	☐ Change ☐ Addition
69. TITLE	70. NAME	71. STREET ADDRESS	72. CITY-ST-ZIP	☐ Change ☐ Addition
73. TITLE	74. NAME	75. STREET ADDRESS	76. CITY-ST-ZIP	☐ Change ☐ Addition
77. TITLE	78. NAME	79. STREET ADDRESS	80. CITY-ST-ZIP	☐ Change ☐ Addition
81. TITLE	82. NAME	83. STREET ADDRESS	84. CITY-ST-ZIP	☐ Change ☐ Addition
85. TITLE	86. NAME	87. STREET ADDRESS	88. CITY-ST-ZIP	☐ Change ☐ Addition
89. TITLE	90. NAME	91. STREET ADDRESS	92. CITY-ST-ZIP	☐ Change ☐ Addition
93. TITLE	94. NAME	95. STREET ADDRESS	96. CITY-ST-ZIP	☐ Change ☐ Addition
97. TITLE	98. NAME	99. STREET ADDRESS	100. CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 12.07(3)(b), 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 full legal effect 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 I am filing on an attachment to an address.

SIGNATURE:

(Signature of Signing Officer or Director)

DATE

Signature of Registered Agent

President 7/11/96

CR2E034 (12/95)