FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 Mar 24 1998 8:00am FLORIDA DEPARTMENT STATE CORPORATION Sandra B. Mort ANNUAL REPORT Secretary of State Secretary of Sta 1998 DIVISION OF CORPOR ONS P95000024517 (1) DOCUMENT # PINAN CORPORATION Principal Place of Business Mailing Address 2101 W. ATLANTIC BLVD. 2101 W. ATLANTIC BLVD. C/O PETER PINO C/O PETER PINO DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Date Incorporated or Qualified 03/28/1995 Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 21 Not Applicable 65-0572706 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Courry This corporation owes or has paid the current year intangible Yes Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 LAWSON, MARTIN 2273 SE SEAMIST ST 82 Box Number is Not Acceptable PORT ST. LUCIE FL 34952 83 1508. Florida Statules, The above-named corporation submits this statement for the purpose of changing its registered such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered isoction 697.0505, Florida Statutes. Pursuant to the provisions of Sections 607.0502 and 607 office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of S wò SIGNATURE egistered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. Change Addition TITLE DELETE 1.1 1111 NAME PINO, PETER 1.2 NAME STREET ADDRESS 2101 W. ATLANTIC BLVD. 1.3 STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP 1.4 C/TY-ST-Z/P Change Addition DELETE 2.1 TITLE NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 GTY-ST-2IP Change Addition TITLE DELETE 31 TITLE NAMÉ 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change Addition TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE Change Addition 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS Y-ST-ZIP 6.4 C 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 accurage 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 employment 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: Peter