FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90062 047 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000024517 1. Corporation Name

PINAN CORPORATION

Principal Place of Business Mailing Address					····			- I IMMIIMMI IIM IMIMI MIIII MAIII M	881 88 811 48 11 8		(18)(1801 180)	
2101 W. ATLAN	TIC BLVD.	210	H W. ATLANTIC BLVD.					1				
C/O PETER PINO C/O PETER PINO) PETER PINO					DO NOT WRITE IN THIS SPACE				
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069)69)			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
								03/28/1995				
2. Principal Pl	lace of Business	2a.	Mailing Address					4. FEI Number		Apı	plied For	
21		26						65-0572706			t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A		
22		27								Fee Re		
City & State	e	<u> </u>	City & State					6. Election Campaign Financing		\$5.00 Added t		
23		28	7:		intry			Trust Fund Contribution			o rees	
Zip	Country		-Zip —— ——	30	ны ў			This corporation owes the cur Personal Property Tax.	rent year ini		□No	
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29	tored & cont	[30]	τ-			10. Name and Address of New	Registered			
	9. Name and Address of Curren	it Kedia	tered Agent	4	81	Nam	 e	To: (tallio dia) todices of the				
PINO), PETER				82				- 			
2101 W ATLANTIC BLVD						Stree	t Addre	ess (P.O. Box Number is Not Acceptable)				
	PANO BCH FL 33069				83	}						
, , , , ,												
					84	City			FL	85 Zip 0	Code	
44 Durawant	to the provisions of Sections 607.050	12 and 6	07 1508 Florida Stati	ites the a	hove	-name	d corno	ration submits this statement for the	purpose of	changing its	registered	
office or n	egistered agent, or both, in the State	of Florid	la. Such change was	authorized	d by	the co	poration	n's board of directors. I hereby acce	pt the appoi	ntment as re	gistered	
agent, I ai	m familiar with, and accept the obliga	itions of	, Section 607.0505, Fi	onda Stat	utes)	
SIGNATURE	Clearly a hand as asisted page of registered age	nt and title					e required	when reinstating)	DATE		\	
SIGNATURE	Signature, typed or printed name of registered age: OFFICERS AN		if applicable. (NOT				e required	when reinstating) ADDITIONS/CHANGES TO OI		ID DIRECTO	RS IN 12	
SIGNATURE	OFFICERS AN		if applicable. (NOT	E Registered	d Agen		e required	when reinstating) ADDITIONS/CHANGES TO O		D DIRECTO	RS IN 12	
SIGNATURE	OFFICERS AN		of applicable. (NOT	Er Registered	d Agen		e required					
SIGNATURE 12. TITLE NAME	OFFICERS AND PINO, PETER		of applicable. (NOT	13. 1.1 TI	d Agen							
SIGNATURE 12. TITLE NAME STREET ADDRESS	D PINO, PETER 2101 W. ATLANTIC BLVD.		of applicable. (NOT	13. 1.1 TI 1.2 N 1.3 S	d Agen	nt signatur						
SIGNATURE 12. TITLE NAME	OFFICERS AND PINO, PETER		of applicable. (NOT	13. 1.1 TI 1.2 N 1.3 S	TREET	nt signatur						
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	D PINO, PETER 2101 W. ATLANTIC BLVD.		of applicable. (NOT CTORS ☐ DELETE	13. 1.1 Ti 1.2 N. 1.3 S 1.4 C	TREET	nt signatur				☐ Change	Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D PINO, PETER 2101 W. ATLANTIC BLVD.		of applicable. (NOT CTORS ☐ DELETE	13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N	TILE AME TREET TITY-S' TILE	nt signatur	ss			☐ Change	Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D PINO, PETER 2101 W. ATLANTIC BLVD.		of applicable. (NOT CTORS ☐ DELETE	13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N.	TILE AME TREET TITY-S' TILE	r addres r addres r addres	ss			☐ Change	Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D PINO, PETER 2101 W. ATLANTIC BLVD.		of applicable. (NOT CTORS ☐ DELETE	13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N.	TREET TREET TREET TREET TREET TREET	r addres r addres r addres	ss			☐ Change	Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINO, PETER 2101 W. ATLANTIC BLVD.		d applicable. (NOT	13. 1.1 TI 12 N. 1.3 S' 1.4 C 2.1 TI 22 N. 2.3 S 2.4 C	TREET TREET TREET TREET TREET TREET	r addres r addres r addres	ss			☐ Change	Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D PINO, PETER 2101 W. ATLANTIC BLVD.		d applicable. (NOT	13. 1.1 TI 12 N. 1.3 S 1.4 C 2.1 TI 22 N. 2.3 S 2.4 C 3.1 TI 3.2 N.	TLE AME TREET TREET TLE AME TREET TLE AME TREET	r addres r addres r addres	s			☐ Change	Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D PINO, PETER 2101 W. ATLANTIC BLVD.		d applicable. (NOT	13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S	TLE AME TREET TREET TLE AME TREET TLE AME TREET	T ADDRES T-ZIP T ADDRES T-ZIP	s			☐ Change	Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D PINO, PETER 2101 W. ATLANTIC BLVD.		d applicable. (NOT	13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S	TREET	T ADDRES T-ZIP T ADDRES T-ZIP	s			☐ Change	Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINO, PETER 2101 W. ATLANTIC BLVD.		d applicable (NOT	13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI	TREET	T ADDRES T-ZIP T ADDRES T-ZIP	s			☐ Change	Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	D PINO, PETER 2101 W. ATLANTIC BLVD.		d applicable (NOT	13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N.	TLE AME TREET	T ADDRES T-ZIP T ADDRES T-ZIP	is s			☐ Change	Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	D PINO, PETER 2101 W. ATLANTIC BLVD.		d applicable (NOT	13. 1.1 TI 12 N. 1.3 S 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 T 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S	TLE AME TREET	ot signatur If ADDRES IT ADDRES IT ADDRES IT ADDRES IT ADDRES	is s			☐ Change ☐ Change ☐ Change	Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D PINO, PETER 2101 W. ATLANTIC BLVD.		d applicable (NOT	13. 1.1 TI 12 N. 1.3 S 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 T 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S	TREET	ot signatur If ADDRES IT ADDRES IT ADDRES IT ADDRES IT ADDRES	is s			☐ Change	Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINO, PETER 2101 W. ATLANTIC BLVD.		d applicable (NOT	13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S 4.4 C	TREET	ot signatur If ADDRES IT ADDRES IT ADDRES IT ADDRES IT ADDRES	is s			☐ Change ☐ Change ☐ Change	Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE	D PINO, PETER 2101 W. ATLANTIC BLVD.		d applicable (NOT	13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S 4.4 C 5.1 TI 5.2 N.	TILE AME TREET TILE AME TREET TILE AME TREET TILE AME TREET TILE TREET TILE TREET TILE TREET TILE TREET TILE	ot signatur If ADDRES IT ADDRES IT ADDRES IT ADDRES IT ADDRES	ss ss			☐ Change ☐ Change ☐ Change	Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D PINO, PETER 2101 W. ATLANTIC BLVD.		DELETE D	13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S 4.4 C 5.1 TI 5.2 N. 5.3 S 5.4 C	TILE TREET TREET TILE TAME TREET TILE TAME TREET TILE TREET	ot signatur If ADDRES IF ADDRES	ss ss			☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D PINO, PETER 2101 W. ATLANTIC BLVD.		d applicable (NOT	13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S 4.4 C 5.1 TI 5.2 N. 5.3 S	TILE TREET TREET TILE TAME TREET TILE TAME TREET TILE TREET	ot signatur If ADDRES IF ADDRES	ss ss			☐ Change ☐ Change ☐ Change	Addition Addition	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINO, PETER 2101 W. ATLANTIC BLVD.		DELETE D	13. 1.1 TI 1.2 N. 1.3 S 1.4 C 2.1 TI 2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S 4.4 C 5.1 TI 5.2 N. 5.3 S 5.4 C	TILE AME TREET TITLE AME TREET TILE AME TREET TILE TITLE	ot signatur If ADDRES IF ADDRES	ss ss			☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition	

14. Thereby 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 aprual profin 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 of mustey 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 arachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP