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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000024031 (1)

PINNACLE TECHNOLOGIES AND SERVICES, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
15530 SW 145	STH CT	15530 SW 145TH CT					
MIAMI FL 33177-8818 MIAMI FL 33177-6816						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						03/11/1997	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21		├ ─1	26			65-0734319 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Žip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	nt Registered Agent		81	Nome	10. Name and Address of New Registered Agent	
	JINA, LUISA E				Name		
	30 SW 145TH CT				Street Addr	et Address (P.O. Box Number is Not Acceptable)	
MIA	VMI FL 33177-6818		•				
				83			
				84	City	FL 85 Zip Code	
44 Bussiant	the provisions of Continue 607 046	32 and 607 1509 Florida Statut	toe the al		named corr		
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	The state of the s	,					
SIGNATURE	Signature, typed or printed name of registered ng	ent and title if applicable (NO)	E: Augistore	d Ager	nt signeture requi	uired when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		1 5	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0	☐ DELETE	3.1 TO			Change Addition	
NAME	CAJINA, MARCO A		1.2 N/			injina, Marco A	
STREET ADDRESS	15530 SW 145TH CT					5530 SW 146 CT	
CITY-ST-ZIP	MIAMI FL 33177-6818	DELETE	14 C	TY-SI		11-m1 F 32:17 - 68:18 Change Addition	
TITLE	D CAUNA LLUCA E		22 N/			ica - President Squange Li Addition	
NAME	CAJINA, LUISA E				ADDRESS \S	5530 BW 145 CT	
STREET ADDRESS	15530 SW 145TH CT MIAMI FL 33177-6818			HTY-S		Tigm, F1 33177-6818	
CITY-ST-ZIP TITLE	D	DELETE	3.1 TI			Change Addition	
NAME	CAJINA, SOLANGE F		3.2 N/			wing Solarge F	
STREET ADDRESS	15530 SW 145TH CT				ADDRESS	5530 SW 146 CT	
CITY-ST-ZIP	MIAMI FL 33177-6818			ITY-S	T-7IP	11971 FI 33177-6818	
TITLE	Ma will to oo to to	DELETE	4.1 TI			Change Addition	
NAME			4. 2 N	IAME			
STREET ADDRESS			4.3 S1	TREET .	ADDRESS		
City-ST-Zip			4.4 CI	ITY-\$1	r-ZIP		
TITLE		DELETE	5.1 TI	TLE		Change Addition	
NAME			5.2 N	AME			
STREET ADDRESS			5.3 \$1	TREET.	ADDRESS		
CITY-ST-ZIP			5.4 CI	TY-SI	r-ZIP		
TITLE		DELETE	6.1 71	TLE		Change Addition	
NAME			6.2 N	AME			
STREET ADDRESS			6.3 ST	TREET	ADDRESS		
CITY-ST-ZIP			6.4 CI	11Y-S1	r-ZIP	O. C. 440 0310V0 Clarks District 14 about 14 abo	
14. I hereby o	certify that the information supplied v	with this filing does n ot qualify f	for the exe	empl	tion stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the information	

indicated on this annual report or supplied ental 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 trusted employered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.