

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 13 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000059135 (8)
 1. Corporation Name
 PINHOUSE INC.



Principal Place of Business Mailing Address
 STE. 10, 316 N. BERMUDA STE. 10, 316 N. BERMUDA
 KISSIMMEE FL 34741 KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/08/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3462005	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25		30		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name JUAN DE BIEDMA			
				82 Street Address (P.O. Box Number is Not Acceptable) 3418 AMACA CIRCLE			
				83 HUNTERS CREEK			
				84 City ORLANDO FL 85 Zip Code 32837			

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 *Juan de Biedma* (PRESIDENT) 07-05-98
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIEDMA, JUAN D		1.2 NAME	DE BIEDMA, JUAN			
STREET ADDRESS	STE, 10, 316 N. BERMUDA		1.3 STREET ADDRESS	3418 AMACA CIR.			
CITY-ST-ZIP	KISSIMMEE FL 34741		1.4 CITY-ST-ZIP	ORLANDO, FLA 32837.			
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME	500002588075			
STREET ADDRESS			6.3 STREET ADDRESS	-07/14/98--01042--047			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00			

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 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: *Juan de Biedma* PRESIDENT 07-05-98 (402) 857-2617

CR2E034 (5/98)



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AFTER TELEPHONE CALL WITH MRS. CYNTHIA SHE EXPLAINED ME, THAT MY MAIL OF 02-06-98 WAS SEND BACK TO OLD ADDRESS, WHICH I NEVER RECEIVED (02-11-98) MISSING LETTER -

UPON INSTRUCTIONS, HERE IS A NEW CHECK OF \$ 150. PAYABLE TO STATE OF FLORIDA, AND ITS REI NUMBER -

→ NOTE = THE 1ST CHECK WAS NOT CLEARED AT MY BANK → HERE IS THE NEW ONE -

Juan De Biedma
JUAN DE BIEDMA
PRESIDENT

P.D. IF YOU HAVE A 800 NUMBER, SEND IT PLEASE!

FOR TECHNICAL SUPPORT CALL 800-669-2825