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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072515 (4)

THE PINO GROUP, INC.

Principal Place of Business Mailing Address

8341 NW 18TH STREET 8341 NW 18TH STREET
PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024

FILED May 08 1998 8:00am Secretary of State



PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0814032 9805 NW. 80th 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired BAY 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing GARDENS, HIALEAH Trust Fund Contribution 28 Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes ☑ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MESA, ANTOLIN 8341 NW 18TH STREET Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33024 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition ANTOLIN MESA. ANTOLIN MESA, NAME 1.2 NAME CRZE034 NW 18th 8341 NW 18TH STREET STREET ADDRESS 1.3 STREET ADDRESS 53024 PEMBROKE PINES FL 33024 CITY-ST-ZIP 1.4 City-St-7IP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITI F 3 1 TITLE 3.2 NAME NALE 3.3 STREET ADDRESS STREET ADDRESS City-St-7IP 3.4. CITY-ST-7IP DELETE 4.1 TITLE Change Addition 4.2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-Z#P DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6 1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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:

4/26/78 (954)

(954) 430-7367