

998009009790

Requestor's Name

1250 S.W. 87 Way  
Pembroke Pines, FL 33025

Office Use Only

CO

ER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
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98 APR 20 AM 10:47  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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 AND  
 FILED

- Walk in     
  Pick up time \_\_\_\_\_     
  Certified Copy  
 Mail out     
  Will wait     
  Photocopy     
  Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

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 -04/20/98-01092--004  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

*Handwritten:*  
 9980000860  
 05/16/98  
 2-6-98

|                     |  |
|---------------------|--|
| Examiner's Initials |  |
|---------------------|--|



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

**OFFICER / DIRECTOR RESIGNATION**

I, LUCIO MONASS, hereby resign as PRESIDENT  
(Title)

of PISINO CORPORATION  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

[Signature]  
(Signature of resigning officer/director)

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AND  
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