

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90001 021 ***550.00

DOCUMENT # **P98000013803**

CORPORATION NAME
PINECREST TRADING COMPANY, INC.

Principal Place of Business

**BRICKELL AVENUE
SUITE 212
MIAMI FL 33131**

Mailing Address

**444 BRICKELL AVENUE
SUITE 212
MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1998

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☐ No

Principal Place of Business

930 Washington Ave.

Suite, Apt. #, etc.

#206

City & State

Miami, FL

Zip

33131

Country

USA

2a. Mailing Address

930 Washington Qve.

Suite, Apt. #, etc.

#206

City & State

Miami, FL

Zip

33131

Country

USA

9. Name and Address of Current Registered Agent

**LYNCH, FRANCISCA ESQ.
444 BRICKELL AVENUE
SUITE 212
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

Lynch, Francisca Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

930 Washington Avenue

83

Suite 206

84 City

Miami, FL

FL

85 Zip Code

33131

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)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD ☐ DELETE
LYNCH, JOHN
6540 S.W. 135TH TERRACE
MIAMI FL 33156

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VPD ☐ DELETE
LYNCH, FRANCISCA
16673 GOLFVIEW DRIVE
WESTON FL 33326

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

John Lynch

CR2E034 (5/99)