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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90035 049 ***150.00

DOCUI	MENT# P98000	047583						
PINE ST	REET OF SOUTH FLORIDA,	INC.				ant ásuk barik á árk státt i álfisi státt í		
Principal Place	e of Business	Mailing Address				Billy Chille Abilis Aflik menes ename anim	I INIMA HITI CAMI	
4912 S.W. 102ND AVENUE 4912 S.W. 102ND AVENUE								
MIAMI FL 3316		MIAMI FL 33165				WO. T T CO C.		
						WRITE IN THIS SPACE		
					3. Date incorporated or Qua 05/27/1998	Deficed		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar Ar	plied For	
21 26					65-084/4) (No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desir	nd) l	Additional	
27					0. Daraidali, 0. 0.0	Fee Ro	equired	
City & State			به س مح دد ســـ	. تندمی .	6. Election Campaign Finan			
23 28					Trust Fund Cantibution		to Feee	_
			Countr	У	8. This corporation owes the	e current year intangible Yes	□No	
24	25		30		Personal Property Tax. 10. Name and Address of P			
	9. Name and Address of Current	Registered Agent	81	Name	10. Hame and Address of	ten registeres xigani		
GOO	DD, CHUCK M							
4912 S.W. 102ND AVENUE			82 Street Addr		ddress (P.O. Box Number is Not Ac	ceptable)		
1	MI FL 33165		8:	 	· · · · · · · · · · · · · · · · · · ·			•
1								
t			84	City		FL 85 Zip	Code	
11 Directant	to the provisions of Sections 607.0503	and 607 1508. Florida Statute	s. the abov	/a-pamed c	proporation submits this statement for		registered	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	thorized by	the corpor	ation's board of directors. I hereby	accept the appointment as re	gistered	
	m tamillar with, and accept the congat	igns of, section sov.usus, mon	UD SIDIUIO	J .			i	
SIGNATURE	Signature, typed or printed name of registered agent	and trie if applicable. (NOTE: I	Registered Apr	ent aigneture rec	juleed when minetaling)	DATE		8
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			R2E034 (11/98)
TITLE	D	DELETE	1,1 TITLE	į,	Pres Sec,	Charge	Addition	1
NAME	GOOD, CHUCK M		1.2 NAME	1.	Jonas Dood	,		3
STREET ADDRESS	4912 S.W. 102ND AVENUE		1.3 STRE	ET ADDRESS	4912 SW. 10204	-		Ä
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY-	ST-ZIP	mia Al 33165	[Change	Addition	8
TITLE		OELETE	2.1 TITLE			□ cirai t e		Ī
NAME			2.2 NAME	I			1	
STREET ADDRESS			2.3 STREE	ET ADDRESS				
CITY-ST-ZIP		□ oc. ere	2.4 CITY-	ST-ZIP	_,,	☐ Change	Addition	
TITLE		☐ DELETE	3.1 TITLE	İ		Поняй		
NAME		·	3.2 NAME		·			يند
STREET ADDRESS				TADORESS			J	
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE			☐ Change	Addition	
TITLE		المالية المالية	4. 2 NAME			_	_	
NAME				TADORESS				
STREET ADDRESS			4.3 STREE					
CITY-ST-ZIP	-	☐ DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME	}	<u> </u>	5.2 NAME				-	
STREET ADDRESS							1	
I SINCE POPESS		•	5.3 STREE	T ADDRESS			1	
CITY-ST-33P		•	5.3 STREE 5.4 CITY-1	- 1			[
CITY-ST-ZIP		☐ DELETE		ST-29P		Change	Addition	
		DELETE	5.4 CITY-1	ST-ZIP		☐ Change	. Addition	•
TITLE		☐ DELETE	5.4 CITY-1 6.1 TITLE 8.2 NAME	ST-ZIP		☐ Change	Addition	•

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 of 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 changes or the an attachment with an address, with all other like empowered.

SIGNATURE:

03 07 99