

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S86502** (9)

1. Corporation Name
PINTO INTERNATIONAL, INC.

Principal Place of Business
**1000 WALLACE STREET
CORAL GABLES FL 33134**

Mailing Address
**1000 WALLACE STREET
CORAL GABLES FL 33134**

APPROVED
AND
FILED
95 APR 10 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **10/10/1991** 3a. Date of Last Report **04/14/1994**

4. FEI Number **65-0309413** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **3920 N.W. 2ND STREET**
Suite, Apt. #, etc.
22
City & State
23 **MIAMI, FL**
Zip Country
24 **33126** 25 **DADE** 29 Zip Country
30

9. Name and Address of Current Registered Agent

SALDANA DE BANEGAS, IRMA A
1000 WALLACE STREET
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3920 N.W. 2ND STREET
83
84 City **MIAMI** FL 85 Zip Code **33126**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BANEGAS, FERNANDA A. 1000 WALLACE ST CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PINTO, HUGO 1000 WALLACE STREET CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT SALDANA DE BANEGAS, IRMA 1000 WALLACE STREET CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D BANEGAS, FERNANDO A. 3920 N.W. 2ND STREET MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DS PINTO, HUGO 3920 N.W. 2ND STREET MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DPT SALDANA DE BANEGAS, IRMA 3920 N.W. 2ND STREET MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Irma A. Saldana de Banegas* **02-20-95**
Signature and typed or printed name of signing officer or director Date Day/Mo/Yr