

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V01592**

(7)

1. Corporation Name

PINA FINANCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

**201 ALHAMBRA CIRCLE
SUITE 701
CORAL GABLES FL 33134**

**201 ALHAMBRA CIRCLE
SUITE 701
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

12/18/1991

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0303201

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PINA, OSCAR
201 ALHAMBRA CIRCLE
SUITE 701
CORAL GABLES FL 33134**

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of President or person authorized to sign for the corporation)

(Signature of Registered Agent or person authorized to sign for the agent)

(Date)

12. OFFICERS AND DIRECTORS

12.	NAME	STREET ADDRESS	CITY-ST-ZIP	13.	NAME	STREET ADDRESS	CITY-ST-ZIP
1	P	PINA, OSCAR	201 ALHAMBRA CIRCLE	1			
		CORAL GABLES FL		2			
				3			
				4			
				5			
				6			
				7			
				8			
				9			
				10			
				11			
				12			
				13			
				14			
				15			
				16			
				17			
				18			
				19			
				20			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	NAME	STREET ADDRESS	CITY-ST-ZIP	14.	NAME	STREET ADDRESS	CITY-ST-ZIP
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
12				12			
13				13			
14				14			
15				15			
16				16			
17				17			
18				18			
19				19			
20				20			

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

DATE

CR2E034 (12/95)