SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFT	ER AUGUST 7, 1996.
MOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT	DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # V029(04 (3)			
,	& PINION, INC.	. ,			1/4/1
Principal Place	of Business	Mailing Address		10511 011011 00110 11010 10111 00111 01 1 1	0 6 % 6 10 % 0 10 % 0 5 % 0 10 M 10 M 10 M
31 OCEAN DRIVE 15801 S.W.		15801 S.W. 143 AVE.			
B-204 Key largo f	L 33037	MIAMI FL 33177		Dayley College	I - Data of Landing
us			3. Date Incorporated or Qualified 12/30/1991	3a. Date of Last Report 07/31/1995	
· ·	ace of Business	2a. Maling Address		4. FEI Number	Applied For
Suite, Apt	H. otr	Suite, Apt # etc		65-0304231	Not Applicable \$8.75 Additional
22	, 000	27		5. Certificate of Status Desired	Fee Required
City & State	!	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28] Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Cur			10. Name and Address of New Reg	istered Agent
	ION, JOHN E		81 Name		
	01 S.W. 143 AVE		82 Street Ac	ddress (P.O. Box Number is Not Acceptable	2)
MLA	MIAMI FL 33177		83		
			84 City		85 Zip Code
					FL
l office or re	o the provisions of Sections 607.t egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such chancie was:	a ithorized by the cornor.	rporation submits this statement for the pur alion's board of directors. I hereby accept t	he appointment as registered
SIGNATURE			DIE Riegisterio Agorit signature re-	a a laboration to the second	LIAI L
12.	Signature i speci of prints dinamic of registered OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	DP	DELETE	1 1 113 LE	vice fresiden	Change Addition
NAME	PINION, JOHN E			J. Rafael D'Armas	
STREET ADORESS	15801 SW 143 AVENUE MIAMI FL		1.3 STREET ADDRESS 1.4 City St-Zip	Homestead, Fl. 3303	0
CITY - ST - ZIF	DS DS	DELETE	21117.5	Treasurer	☐ Change ✔ Addition
NAME	PINION, SYNTHI	_	2 2 NAME	CORY Blue 18741 SW 308 ST.	
STREET ADDRESS	15801 S.W. 143 AVENUE		2.3 STREET ADDRESS		_
CITY-ST-ZIP	MIAMI FL	DELETE	2 4 C(TY-ST-Z)P	Homestead, Fl. 336	Charge Addition
TITLE NAME	-	L DELETE	3.1 TITLE 3.2 NAME		L J Glange L J Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IP			3.4 CITY - ST - ZIP		
TITLE		L DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS CITY-S1-ZIP			4 3 STHEET ADDRESS 4 4 CITY - ST- ZIP		
TITLE		DELETE	5 1 Tifut		Change Adeition
NAME			5 2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		
C(TY - ST - Z(P		DELETE	5 4 CHY - ST - ZIP 6 1 TILLE		Change Addition
TITLE NAME		Dittie	6 2 NAME		[] Suringe [] Meanton
STREET ADDRESS			6 3 STREET ADDRESS		
CHTY-ST-ZIP			64 CITY ST-ZIP		

14. Ho hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1°9 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 617, Florida Statutes, and that my name appears in Book 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SHATUR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/96 305-2330092

CR2E034 (3/96)