

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
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1997 JAN 27 PM 3:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

**FILING FEE
\$ 203.75**

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #Z00472

PINE MINE, L.C.
7262 S.W. 48TH ST.
MIAMI FL 33155

1a. Principal Place of Business Address

7262 S.W. 48TH ST.
MIAMI FL 33155

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

7262 SW 48 STR

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33155

Country

Zip

Country

3. Date Organized or Qualified

11/01/1991

3a. State of Formation

FL

4. FEI Number

65-0294684

☐ Applied For

☐ Not Applicable

5. Date of Last Report

03/18/1996

6. Certificate of Status Desired

☐ Not for Additional Fee Requested ☐

7. Name and Address of Current Registered Agent

GASTON, ARTOIS
6339 S.W. 69TH STR
MIAMI FL 33155

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

M

ARTOIS, GASTON

6339 SW 69 STR

MIAMI FL

M

GEUTS, LUTGARDE

6339 SW 69 STR 101

MIAMI FL

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****203.75 ****203.75

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1/28/97

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

[Signature]

GEUTS LUTGARDE

JAN 23 97

3056634432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #