File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE FILED LIMITED LIABILITY COMPANY Sandre B. Mortham ANNUAL REPORT Secretary of State 98 MAR 18 PH 3: 39 1998 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company DOCUMENT # Z00472 1a. Principal Place of Business Address PINE MINE, L.C. 7262 S.W. 48TH ST. 7262 S.W. 48TH ST. MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 11/01/1991 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-0294684 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 01/27/1997 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent Gaston Ardon GASTOM, ARTOIS Street Address (P.O. Box Number is Not Acceptable) 6339 S.W. 69TH STR 7262 SW. 484 Shreet MIAMI FL 33155 Suite, Apt. #, etc. Zip Code Mooni 33155 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 appoint the obligations. SIGNATURE ! 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 11262 SW 48 # Street ARTOIS, GASTON 6339 SW 69 STR М MIAMI FL 33155 GEUTS, LUTGARDE 6339-SW-69-STR-101 MIAMI FL 33155 7262 SW 48 Street Cieurts. 000002462850--03/20/38--01003--012 *****198.75 ****188.7

🖪 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3) (i), Florida Statutes. I further certify that the information Ido hereby certify that the information supplied with this filling does not quality for the exemption stated in 1965 (A), (A) 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 expowered 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: X

X2.28-9805) 643-4432