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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90022 031 ***150.00

DOCUMENT # P96000023262

1. Corporation Name LINEN USA CORPORATION

Principal Place of Business 2108 N.W. 20TH STREET MIAMI FL 33142

Mailing Address 2108 N.W. 20TH STREET MIAMI FL 33142

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

City & State

27

City & State

Zip Country

28

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

TORRES, JOSE G 18021 N.W. 41ST PLACE MIAMI FL 33055

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 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D [] DELETE TORO, JUAN C DR. 6311 S.W. 80TH ST. MIAMI FL 33143

11

11 TITLE

[] Change [] Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

[] Change [] Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

11 TITLE

[] Change [] Addition

12 NAME

13 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

[] Change [] Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

[] Change [] Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

[] Change [] Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)