


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000017829 (7)
 1. Corporation Name
NILTON LINS AMERICAN INSTITUTE CORP.



Principal Place of Business 8600 NW 36TH ST., SUITE 402 MIAMI FL 33166	Mailing Address 8600 NW 36TH ST., SUITE 402 MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3 Date Incorporated or Qualified 02/25/1997
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4 FEI Number 65-0740707	Applied For <input type="checkbox"/> Not Applicable
5 Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

- MANQUART, JULIO A ESQ
 1428 BRICKEL AVENUE
 MAIN FLOOR
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	Jorge E. Febres
82 Street Address (P.O. Box Number is Not Acceptable)	8600 NW 36th Street, Suite 402
83	
84 City	Miami
85 Zip Code	FL 33166

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Jorge E. Febres* **Jorge E. Febres, Senior V.P. for Operations and Finance**
(Print, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE	NAME	LINS, NILTON COSTA	STREET ADDRESS	9465 NW 54TH DORAL TERR.	CITY-ST-ZIP	MIAMI FL 33178
TITLE	D	<input type="checkbox"/> DELETE	NAME	LINS, ALICE VILELA	STREET ADDRESS	9465 NW 54TH DORAL TERR.	CITY-ST-ZIP	MIAMI FL 33178
TITLE		<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME	LINS, NILTON COSTA	1.3 STREET ADDRESS	(same)	1.4 CITY-ST-ZIP	(same)
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
3.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME	RODRIGUES, MANUEL	3.3 STREET ADDRESS	8600 NW 36th Street, Suite 402	3.4 CITY-ST-ZIP	Miami, Florida 33166
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME	LINS, NILTON JR.	4.3 STREET ADDRESS	9465 NW 54th Doral Terrace	4.4 CITY-ST-ZIP	Miami, Florida 33178
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME	FEBRES, JORGE E.	5.3 STREET ADDRESS	8600 NW 36th Street, Suite 402	5.4 CITY-ST-ZIP	Miami, Florida 33166
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

14. 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 in an attachment with an address.

SIGNATURE: *Jorge E. Febres* April 13, 1998 (305) 513-0652

CR2E034 (10/97)