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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:35

DOCUMENT # **197799** **(0)**

1. Corporation Name
LINEL CORP

Principal Place of Business	Mailing Address
C/O JEFFREY FINE 5200 BLUE LAGOON DR #200 MIAMI FL 33126	C/O JEFFREY FINE 5200 BLUE LAGOON DR #200 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/23/1956
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business	2a. Mailing Address
21 C/O Jeffrey Fine	26 5200 Blue Lagoon Drive
Suite, Apt. #, etc. 22 5200 Blue Lagoon Dr. #250	Suite, Apt. #, etc. 27 Suite 250
City & State 23 Miami, FL 33126	City & State 28 Miami, FL
Zip / Country 24 33126 / 25 USA	Zip / Country 29 33126 / 30 USA

4. FEI Number: 59-6064635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FINE (JEFFREY)
5200 BLUE LAGOON DR
SUITE 200
MIAMI FL 33126

10. Name and Address of New Registered Agent

91 Name: Fine (Jeffrey)
92 Street Address (P.O. Box Number is Not Acceptable): 5200 Blue Lagoon Drive
93: Suite # 250
94 City: Miami, FL 95 Zip Code: 33126

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	FINE, JEFFREY	1.2 NAME	
STREET ADDRESS	9010 SW 117TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	FINE, LINDA	2.2 NAME	
STREET ADDRESS	9010 SW 117TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BOOSTIN, HELEN	3.2 NAME	
STREET ADDRESS	1701 S FLAGLER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 1-16-95 (305) 262-8489
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED Date Daytime Phone #
Jeffrey M. Fine, President

0123020 CP