FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

AMENDED

PROFIT CORPORATION ANNUAL REPORT

1997

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

APPROVED AND FILED

1997 JUN 11 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 853603 (9)

1. Corporation Name
LYNBROOK, N.V., INC.

Principal Place of Business
717 Ponce de Leon Blvd.
Suite 234
Coral Gables, FL 33134

Mailing Address
Same

3. Date Incorporated or Qualified: 07/29/82
3a. Date of Last Report: 03/17/97

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2100809 ☐ 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

Alcides I. Avila, Esq.
c/o Holland & Knight, 701 Brickell Ave.
Suite 3000
Miami, Florida 33131

10. Name and Address of New Registered Agent

81 Name: Frank R. S. Fabre, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 717 Ponce de Leon Blvd., #234
83
84 City: Coral Gables **FL** 85 Zip Code: 33134

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 _____ 6/09/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD ☒ DELETE	11 TITLE	PD ☒ Change ☐ Addition
NAME	CASO, JUAN JOSE	12 NAME	SALSAMENDI, JOSE LUIS
STREET ADDRESS	DE RUYTERKADE 62	13 STREET ADDRESS	DE RUYTERKADE 62
CITY-ST-ZIP	CURACAO, NETH. ANTIL	14 CITY-ST-ZIP	CURACAO, NETH. ANTIL
TITLE	D ☐ DELETE	21 TITLE	500002208536E-E-6 ☐ Change ☐ Addition
NAME	CURACAO CORPORATION CO NV	22 NAME	-06/11/97--01041--008
STREET ADDRESS	DE RUYTERKADE 62	23 STREET ADDRESS	*****70.00 *****70.00
CITY-ST-ZIP	CURACAO, NETH. ANTIL	24 CITY-ST-ZIP	
TITLE	PD ☒ DELETE	31 TITLE	VP T ☒ Change ☐ Addition
NAME	RUIZ, JOSE RAMON	32 NAME	SALSAMENDI, FERNANDO
STREET ADDRESS	DE RUYTERKADE 62	33 STREET ADDRESS	DE RUYTERKADE 62
CITY-ST-ZIP	CURACAO, NETH. ANTIL	34 CITY-ST-ZIP	CURACAO, NETH. ANTIL
TITLE	D ☒ DELETE	41 TITLE	VPS ☒ Change ☐ Addition
NAME	LLANO, MARIA TERESA	42 NAME	BELLON, LEOPOLDO
STREET ADDRESS	DE RUYTERKADE 62	43 STREET ADDRESS	DE RUYTERKADE 62
CITY-ST-ZIP	CURACAO, NETH. ANTIL	44 CITY-ST-ZIP	CURACAO, NETH. ANTIL
TITLE	D ☒ DELETE	51 TITLE	AS ☐ Change ☒ Addition
NAME	RUIZ, ROCIO GOMEZ	52 NAME	FABRE, FRANK R. S.
STREET ADDRESS	DE RUYTERKADE 62	53 STREET ADDRESS	717 Ponce de Leon Blvd., #234
CITY-ST-ZIP	CURACAO, NETH. ANTIL	54 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

6/11/97

CR2E034 (9/96)

14. 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 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: Frank R. S. Fabre 6/09/97 (305) 446-3266
TYPED OR PRINTED NAME OF PERSON SIGNING (OFFICER OR DIRECTOR) Date Daytime Phone #