

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

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 717 PONCE DE LEON BLVD SUITE 234 CORAL GABLES FL 33134
---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1982	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2100809		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Country	29 Zip		30 Country	
24		25		26	

9. Name and Address of Current Registered Agent FABRE, FRANK R ESO 717 PONCE DE LEON BLVD SUITE 234 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALSAMENDI, JOSE L	1.2 NAME	
STREET ADDRESS	DE RUYTERKADE 62	1.3 STREET ADDRESS	
CITY- ST- ZIP	CURACAO, NETH. ANTIL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURACAO CORPORATION CO NV	2.2 NAME	
STREET ADDRESS	DE RUYTERKADE 62	2.3 STREET ADDRESS	
CITY- ST- ZIP	CURACAO, NETH. ANTIL	2.4 CITY- ST- ZIP	
TITLE	VPT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALSAMENDI, FERNANDO	3.2 NAME	
STREET ADDRESS	DE RUYTERKADE 62	3.3 STREET ADDRESS	
CITY- ST- ZIP	CURACAO, NETH. ANTIL	3.4 CITY- ST- ZIP	
TITLE	VPS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLON, LEOPOLDO	4.2 NAME	
STREET ADDRESS	DE RUYTERKADE 62	4.3 STREET ADDRESS	
CITY- ST- ZIP	CURACAO, NETH. ANTIL	4.4 CITY- ST- ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABRE, FRANK R S	5.2 NAME	
STREET ADDRESS	717 PONCE DE LEON BLVD., #234	5.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES FL 33134	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 on an attachment with an address.

SIGNATURE:  FETZUNADO SALSAMENDI, J. 4-24-98 (305) 752-3292

CR2E034 (10/97)