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Sep 17 1998 8:00am
Secretary of State

AMENDED
PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FABRE, FRANK R ESO
717 PONCE DE LEON BLVD
SUITE 234
CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SALSAMENDI, JOSE L
STREET ADDRESS DE RUYTERKADE 62
CITY-ST-ZIP CURACAO, NETH. ANTIL

TITLE D ☐ DELETE

NAME CURACAO CORPORATION CO NV
STREET ADDRESS DE RUYTERKADE 62
CITY-ST-ZIP CURACAO, NETH. ANTIL

TITLE VPT ☒ DELETE

NAME SALSAMENDI, FERNANDO
STREET ADDRESS DE RUYTERKADE 62
CITY-ST-ZIP CURACAO, NETH. ANTIL

TITLE VPS ☐ DELETE

NAME BELLON, LEOPOLDO
STREET ADDRESS DE RUYTERKADE 62
CITY-ST-ZIP CURACAO, NETH. ANTIL

TITLE AS ☐ DELETE

NAME FABRE, FRANK R S
STREET ADDRESS 717 PONCE DE LEON BLVD., #234
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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: Jose Luis Salsamendi, Pres 8/31/98 (305) 446-3266

CR2E034 (10/97)