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

AMENDED

PROFIT CORPORATION ANNUAL REPORT

**1998**

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

APPROVED AND FILED
98 OCT 19 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 853603 (9)

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

| Principal Place of Business | Mailing Address |
|---|---|
| 717 PONCE DE LEON BLVD<br>SUITE 234<br>CORAL GABLES FL 33134 | 717 PONCE DE LEON BLVD<br>SUITE 234<br>CORAL GABLES FL 33134 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1982

| | |
|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) |
| City & State (23) | City & State (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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| FABRE, FRANK R ESQ<br>717 PONCE DE LEON BLVD<br>SUITE 234<br>CORAL GABLES FL 33134 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ 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 | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CURACAO CORPORATION CO NV | | 2.2 NAME | 200002668192--2 | |
| STREET ADDRESS | DE RUYTERKADE 62 | | 2.3 STREET ADDRESS | -10/20/98--01059--017 | |
| CITY-ST-ZIP | CURACAO, NETH. ANTIL | | 2.4 CITY-ST-ZIP | ****122.50 *****61.25 | |
| TITLE | VPT | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ 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 | ☒ DELETE | 4.1 TITLE | VPS | ☒ Change ☐ Addition |
| NAME | BELLON, LEOPOLDO | | 4.2 NAME | SALSAMENDI, JR., JOSE LUIS | |
| STREET ADDRESS | DE RUYTERKADE 62 | | 4.3 STREET ADDRESS | De Ruyterkade 62 | |
| CITY-ST-ZIP | CURACAO, NETH. ANTIL | | 4.4 CITY-ST-ZIP | Curacao, Neth. Antil | |
| TITLE | AS | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ 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 | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

10-19-98

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 10/15/98 (305) 446-3266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0192362