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 NOV 17 PM 4:13
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

DO NOT WRITE IN THIS SPACE

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

FABRE, FRANK R. S. ESQ.
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 **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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SALSAMENDI, JOSE LUIS		1.2 NAME		
STREET ADDRESS	DE RUYTERKADE 62		1.3 STREET ADDRESS	200002691862---1 -11/19/98--01083--022	
CITY-ST-ZIP	CURACAO, NETH. ANTIL		1.4 CITY-ST-ZIP	*****70.00	*****70.00
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ 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	VPS	☒ DELETE	3.1 TITLE	VPS	☐ Change ☒ Addition
NAME	SALSAMENDI, JR. JOSE LUIS		3.2 NAME	BELLON, LEOPOLDO	
STREET ADDRESS	DE RUYTERKADE 62		3.3 STREET ADDRESS	DERUYTERKADE 62	
CITY-ST-ZIP	CURACAO, NETH. ANTIL		3.4 CITY-ST-ZIP	CURACAO, NETH. ANTIL	
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FABRE, FRANK R.S.		4.2 NAME		
STREET ADDRESS	717 Ponce de Leon Blvd., #234		4.3 STREET ADDRESS		
CITY-ST-ZIP	Coral Gables, FL 33134		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	VPT	☐ Change ☒ Addition
NAME			5.2 NAME	CASO LLANO, ALFONSO	
STREET ADDRESS			5.3 STREET ADDRESS	DE RUYTERKADE 62	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CURACAO, NETH. ANTIL	
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		

11-17-98

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 Salsmendi 11/16/98 305 446-3266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0192109