

ANNUAL REPORT
1995

Florida Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:11

DOCUMENT # G12197 (1)

1. Corporation Name
LINA HOLDINGS, INC.

Principal Place of Business
% W. F. SIMONET
400 NORTH FERN CREEK AVE
ORLANDO FL 32803

Mailing Address
% W. F. SIMONET
400 NORTH FERN CREEK AVE
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/06/1982 3a. Date of Last Report 04/18/1994
4. FEI Number 59-2295292 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

SIMONET, W. F.
400 NORTH FERN CREEK AVE
ORLANDO FL 32803

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PURI, A K
STREET ADDRESS 341 LEUCADENDRA DR.
CITY - ST - ZIP CORAL GABLES FL

TITLE S
NAME SIMONET, W F
STREET ADDRESS 400 N FERN CREEK AVE
CITY - ST - ZIP ORLANDO, FL 00000

TITLE VP
NAME BARKER, K.E.
STREET ADDRESS 11705 TRAFALGAR
CITY - ST - ZIP HAYDEN LAKE ID

TITLE VP
NAME LABAN, G. M.
STREET ADDRESS 9100 SW 92 CT.
CITY - ST - ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD M. LABAN

3/31/95

305-448-9922