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Mar 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K21869 (8)

1. Corporation Name  
R & C LINEN, CORP.



Principal Place of Business Mailing Address  
% RICARDO MANZANO 805 E 19 ST HIALEAH FL 33013  
% RICARDO MANZANO 805 E 19 ST HIALEAH FL 33013-4212

3. Date Incorporated or Qualified 04/26/1988  
3a. Date of Last Report 05/01/1996  
4. FEI Number 65-0044309  
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  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANZANO, RICARDO  
805 E 19 ST  
HIALEAH FL 33013

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME MANZANO, RICARDO  
1.3 STREET ADDRESS 805 E 19 ST  
1.4 CITY-ST-ZIP HIALEAH FL  
2.1 TITLE  DELETE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  DELETE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  DELETE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  DELETE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  DELETE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

1.1 TITLE PD  
1.2 NAME CARMEN MANZANO  
1.3 STREET ADDRESS 2269 N.W. 20TH STREET  
1.4 CITY-ST-ZIP MIAMI, FL.  
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 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: X Carmen Manzano CARMEN MANZANO 3-21-97 305-635-7131  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)