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Jan 23 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 # L43576 (2)  
1. Corporation Name  
LINROB CORPORATION



Principal Place of Business  
270 NW 18RD ST.  
MIAMI FL 33169

Mailing Address  
270 NW 18RD ST.  
MIAMI FL 33169

3. Date Incorporated or Qualified 01/19/1990  
3a. Date of Last Report 02/28/1996

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip Country  
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30  
4. FEI Number 65-0172948  
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

9. Name and Address of Current Registered Agent  
~~PLUTO, JOHN T.~~  
~~270 NW 183RD ST.~~  
~~MIAMI FL 33169~~

10. Name and Address of New Registered Agent  
81 Name Robin L. Pluto  
82 Street Address (P.O. Box Number is Not Acceptable) 270 N.W. 183rd Street  
83  
84 City Miami FL 85 Zip Code 33169

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 understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Robin L. Pluto* 1/13/97  
DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME ~~POVLOW, BRIAN~~  
STREET ADDRESS 270 NW 183RD ST.  
CITY, ST, ZIP MIAMI FL 33169  
TITLE VSD  
NAME ~~PLUTO, JOHN T.~~  
STREET ADDRESS 270 NW 183RD ST.  
CITY, ST, ZIP MIAMI FL 33169  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied within 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: *Robin L. Pluto* President 1/13/97 305-652-7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone (Area) #

CR2E034 (9/96)