

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P09249
1. Corporation Name

LINBECK MIAMI CORPORATION

Principal Place of Business: **11 Greenway Plaza Suite 3106 Houston, TX 77046**
Mailing Address: **11 Greenway Plaza Suite 3106 Houston, TX 77046**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900011415019
-03/07/96--01024--008
****450.00 ****225.00

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt #, etc	26 Suite, Apt #, etc	2/25/86	11/20/95
22 City & State	27 City & State	4. FEI Number	Applied For / Not Applicable
23 Zip	28 Zip	76-0156358	
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution	
		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name	American Information Services, Inc.
		82 Street Address (P.O. Box Number is Not Acceptable)	1 SE 3rd Avenue
		83	27th Floor
		84 City	Miami
		85 Zip Code	FL 33131

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: *Chris Nelson* DATE: 8/5/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	
NAME	Rochon, Richard C.	2. NAME	
STREET ADDRESS	200 S. Andrews Avenue, 6th Fl.	3. STREET ADDRESS	
CITY, ST, ZIP	Ft. Lauderdale, FL 33301	4. CITY, ST, ZIP	
TITLE	ST	2.1 TITLE	
NAME	Morse, Stephen R.	2.2 NAME	
STREET ADDRESS	200 S. Andrews Avenue, 6th Fl.	2.3 STREET ADDRESS	
CITY, ST, ZIP	Ft. Lauderdale, FL 33301	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	AS
NAME		3.2 NAME	Branden, Cris V.
STREET ADDRESS		3.3 STREET ADDRESS	200 S. Andrews Avenue, 6th Fl.
CITY, ST, ZIP		3.4 CITY, ST, ZIP	Ft. Lauderdale, FL 33301
TITLE		4.1 TITLE	V
NAME		4.2 NAME	William M. Pierce
STREET ADDRESS		4.3 STREET ADDRESS	200 S. Andrews Ave., 6th Floor
CITY, ST, ZIP		4.4 CITY, ST, ZIP	Ft. Lauderdale, FL 33301
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 607(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard C. Rochon* DATE: 8/6/96 FEE: (954) 627-5000

CR2E034 (12/95)