## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

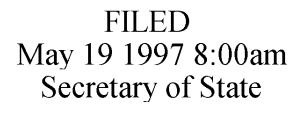
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300066401 (9)

LLINAR INVESTMENTS CORPORATION

Prin	rcipa	1 F	lac	9	of I	Bus	in	0\$
911	VEN	:Ti	Αi	AVI	E			

Mailing Address





CORAL GABLES FL 33134				CORAL GABLES FL 33134-3627							
							3. Date Incorporated or Qualified 09/22/1993	3a, Date of Last Report 04/16/1996			
2. Principal P	lace of Busin	ess	2a, Mailing Ad	2a. Mailing Address			4, FEI Number	1	Applied For		
21			26	26			65-0481212		Not Applicable		
Sulte, Apt. #, etc.			Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required		
City & State	City & State		City & State	City & State			Election Campalgn Financing     Trust Fund Contribution		00 May Be led to Fees		
Zip 24	•	Country 25	Zip <b>29</b>		Countr 30	/	This corporation has liability for in Florida Statutes	ntangible tax und Yes 🔲 No	er s. 199.032,		
			irrent Registered Agent	l			10. Name and Address of New Reg	lstered Agent			
	DO, JUAN				81	Name					
911 <b>vene</b> tia ave					82	82 Street Address (P.O. Box Number is Not Acceptable)					
COR	IAL GABLES	S FL 33134			-						
					83						
		•			84	1 ′		FL	Zip Code		
11. Pursuant i office or re agent. La	to the provisi egistered ag m familiar wit	ons of Sections 607 ent, or both, in the S h, and accept the o	.0502 and 607.1508, Flo State of Florida Such cha obligations of, Section 60	rida Statuto ange was a 7.0505, Flo	s, the abovuthorized brida Statute	e-named cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changil t the appointmen	ng its registered t as registered		
SIGNATURE							·				
	Signature, typed		ed agent and title if applicable	(NOTE		ont signature requ	ired when reinstating)	DATE			
TITLE	PD	OFFICERS	S AND DIRECTORS	DELFTE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT			
NAME	NARDO, J	IUAN A		DECTE	1.2 NAME			L_J Ollai	ge [_] Addition		
STREET ADDRESS	911 VENE				1.3 STREE	ADDRESS					
CITY-ST-ZIP	CODAL GADIES EL 2010A		1.4 GITY-								
TITLE		<del></del>		DELETE	2.1 TITLE	, En		Char	ge Addition		
NAME					2.2 NAME						
STREET ADDRESS					2.3 STREE	ADDRESS	•				
CITY-ST+ZIP				•	2.4 CHY-	\$1-7IP					
TITLE				DELETE	3 1 TITLE			Char	ge Addition		
NAME					3 2 NAME	ļ					
STREET ADDRESS					3 3 STHEE	ADDRESS					
CITY-ST-ZIP					3.¶. CITY-	\$1 - ZiP					
TITLE			ļl	DELETE	41 THILF			[] Char	ge L Addition		
NAME					4 2 NAME	1					
STREET ADDRESS					4.3 STREE						
CITY-ST-ZIP				DELETE	4.4 CITY-1	ST - <b>Z</b> IP		☐ Char	ge Addition		
TITLE NAME				DELLIE	5.1 TITLE 5.2 NAME			□ CUSI	åe ☐ vanigar		
STREET ADDRESS					5.3 STREE	ADDDCCC					
CITY-ST-ZIP											
TITLE				DELETE	5.4 City - 1 6.1 Title	01 - ZIF		Char	ge Addition		
NAME					6.2 NAME			المانات وسيع	g- Lui riddirdii		
STREET ADDRESS					6.3 STREE	ADDRESS					
CITY-ST-ZIP					6.4 CITY-						

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 one an attachment with an address.