

| | | | |
|---|-----------------------|--|----------------|
| DOCUMENT # P93000066401 | | | |
| 1. Entity Name | | | |
| LLINAR INVESTMENTS CORPORATION | | | |
| Principal Place of Business | | Mailing Address | |
| 911 VENETIA AVE CORAL GABLES FL 33134 | | 911 VENETIA AVE CORAL GABLES FL 33134-3627 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| NARDO, JUAN A 911 VENETIA AVE CORAL GABLES FL 33134 | | | Name |
| | | | Street Address |
| | | | City |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small> | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | |
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE | PD | <input type="checkbox"/> Delete | |
| NAME | NARDO, JUAN A | | |
| STREET ADDRESS | 911 VENETIA AVE | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, and that the information on this report or supplemental report is true and accurate and that my signature shall have the full effect of the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S., if the information is changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <u><i>Juan A Nardo</i></u> President | | | |

(b) (7)(C), (b) (7)(D)

| | |
|------------------------------------|----------------|
| 4. FEI Number 65-0481212 | Applied For |
| | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

| | |
|--|-------------|
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| | |
| City | FL Zip Code |

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------------------|-----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

| | | | |
|-----------------|--|---------------------------------|-----------------------------------|
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------------------|-----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|---------------------------------|-----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|---------------------------------|-----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

SIGNATURE: Kathy E. Nardo, President 4/12/200 505-569-9426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #