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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

NAMEGOA STREET ADDRESS

CITY-ST-ZIP

NINO. MARGARITA

MIAM! FL 33186

13359 SW 117TH LN



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000002278 (7)

LINDA INTERNATIONAL PUBLISHING, INC.

FILED May 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 9830 SW 125TH AVENUE 9830 SW 125TH AVENUE MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/10/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 26 65-0458265 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CAMPELLO, UGO R 12182 SW 128 ST. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 City 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 Signature, typed or printed name of registered agent and tile if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE CAMPELLO, UGO R 1.2 NAME NAME CR2E034 10205 SW 115TH CT STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE CAMPELLO, VALERIA NAME 2 2 NAME 10205 SW 115TH CT STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NINO, JOSE A NAME 3.2 NAME 13359 SW 117TH LN STREET ADDRESS **33 STREET ADDRESS MIAMI FL 33186** 3.4. CITY - ST - ZiP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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 receiving or trustee of inpowered 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 attachted two an address.

4. 2 NAME

5.1 TITLE

5 2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME ...

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

DELETE

DELETE

Change

Change,

Addition

Addition