

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 PM 3: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000039424 (4)**

1. Corporation Name
LINDEN TRADING CORP.

Principal Place of Business Mailing Address
169 EAST FLAGLER STREET STE-1527 **169 EAST FLAGLER STREET STE-1527**
-MIAMI-FL-33131- **-MIAMI-FL-33131-**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
05/25/1994

4. FBI Number Applied For
65-0494515 Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21	169 EAST FLAGLER STREET Suite, Apt. #, etc.	26	169 EAST FLAGLER STREET Suite, Apt. #, etc.
22	SUITE 1527 City & State	27	SUITE 1527 City & State
23	MIAMI - FLORIDA Zip Country	28	MIAMI - FLORIDA Zip Country
24	33131	25	U.S.A.
29	33131	30	U.S.A.

9. Name and Address of Current Registered Agent

THOMPSON, DISNEY D
169 EAST FLAGLER STREET STE. 1527
MIAMI FL 33131

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	
84	State	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 607.0507 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: *Disney Thompson* - *Disney Thompson*
DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CARILLO, MARISA
STREET ADDRESS	16425 COLLINS AVENUE STE. PH 16A
CITY, ST, ZIP	NO. MIAMI BEACH FL 33160
TITLE	D
NAME	LIMA-FREITAS, CARLOS L
STREET ADDRESS	15555 W. DIXIE HIGHWAY
CITY, ST, ZIP	NO. MIAMI BEACH FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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: *Mrs. Carillo* **MARISA B.O. CARILLO** **02-21-95** **305-511-3117**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)