

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000039424 (4)

1. Corporation Name  
**LINDEN TRADING CORP.**



Principal Place of Business: 169 EAST FLAGLER STREET SUITE 1529 MIAMI FL 33131 US  
Mailing Address: 169 EAST FLAGLER STREET SUITE 1529 MIAMI FL 33131 US

3. Date Incorporated or Qualified: 05/25/1994  
3a. Date of Last Report: 03/03/1995  
4. FCI Number: 65-0494515  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 12000 BISCAYNE BLVD. Suite, Apt. #, etc.  
22 SUITE 604 City & State  
23 MIAMI - FL  
24 33191 Zip  
25 U.S.A. Country  
26 12000 BISCAYNE BLVD. Suite, Apt. #, etc.  
27 SUITE 604 City & State  
28 MIAMI - FL  
29 33181 Zip  
30 U.S.A. Country

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  
84 City  
85 Zip Code  
FL

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: DISNEY THOMPSON

05-28-96  
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CARILLO, MARISA	
STREET ADDRESS	16425 COLLINS AVENUE STE. PH 16A	
CITY - ST - ZIP	NO. MIAMI BEACH FL 33160	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIMA-FREITAS, CARLOS L	
STREET ADDRESS	15555 W. DIXIE HIGHWAY	
CITY - ST - ZIP	NO. MIAMI BEACH FL 33162	
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.07(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: *Uma Obaillo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-28-96 305-899-9222  
DATE DATE OF FILING

CR2E034 (12/95)