

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90199 020 ***150.00

DOCUMENT # P94000057449

1. Corporation Name

LIN'S PROPERTY MANAGEMENT, INC.

Principal Place of Business

801 S.W. 3RD AVENUE
SUITE 300
MIAMI FL 33130
US

Mailing Address

801 S.W. 3RD AVENUE
SUITE 300
MIAMI FL 33130
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 SUITE 200

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 SUITE 200

28 City & State

29 Zip

Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1994

4. FEI Number

65-0508788

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LIN, FRANCIS
7281 S.W. 56TH ST.
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

LIN, FRANCIS

82 Street Address (P.O. Box Number is Not Acceptable)

801 S.W. 3RD AVENUE

83 SUITE 200

84 City

MIAMI

FL

85 Zip Code
33130

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
LIN, FRANCIS
STREET ADDRESS
7281 S.W. 56TH ST.
CITY-STATE-ZIP
MIAMI FL 33155

TITLE ☐ DELETE

NAME
SD
LIN, MAGGY
STREET ADDRESS
7281 S.W. 56TH ST.
CITY-STATE-ZIP
MIAMI FL 33155

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (305) 858-2992
Date Daytime Phone #
EXT 110

CR2E034 (11/98)

0184515