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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 11 1998 8:00am Secretary of State

	MENT # P950(LINA LAKE DEVELOPERS	00010240 (6) INC.)		
Principal Place of Business Mailing Address		Mailing Address			DI 11011 BOILE HEST OFFIS OFFIS INDI
1535 NORTHWEST 79 AVENUE MIAAN FL 33126		1535 NORTHWEST 79 /	avenue		
		MIAMI FL 33126		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 02/07/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0559216	Not Applicable
		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 9, Name and Address of Curre	29 29 Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Register.	Yes No
	NDRADE, PABLO	THE HOSINGS OF AGOIL	81 Name	10. Hallo and riddiod by Hoth Hogieria	
1535 NW 79 AVE MIAMI FL 33126			An Charl Ada	too (DO Day Number in Net Accompable)	
			62 Street Add	lress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
			1 1 -	<u> </u>	IL
office or a agent. I a	to the provisions of Sections 607 Qt registered agent, or both, in the Stat im familiar with, and accept the obli	02 and 607.1508, Florida Statut is of Florida. Such change was a gations of, Section 607.0505, Fig 	es, the above-hamed cor authorized by the corpora orida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	Standarde hyperfor printed name of registeric a	ord acid stie diapole at a (NOT)	E Registered Agent signature requ	ired when reinstating) DAT	
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	Р	☐ DECETE	1.1 THILE		Change Addition
NAME	ANDRADE, PABLO	-	1.2 NAME		
STREET ADDRESS	1535 NORTHWEST 79 AVE	:NUE	1.3 STREET ADDRESS		
City-S1-ZIP TITLE	MIAMI FL 33126	DELÉJE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADORESS	1		23 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DETELE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		j
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		hand was to be	5.2 NAME		THE PERSON NAMED IN COLUMN
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE	······································	☐ DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		l
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	1		6.4 CITY-ST-ZIP		

14. Thereby 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 suppliemental 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 enqueritier or firstense empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, of on an attachment with an address.

SIGNATURE:

Pablo Andrade