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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000031304 (5)**

1. Corporation Name
LINO REH CORP.

Principal Place of Business
ONE S.E. 3RD AVE.
SUITE 1900
MIAMI FL 33131

Mailing Address
ONE S.E. 3RD AVE.
SUITE 1900
MIAMI FL 33131-1714

3. Date Incorporated or Qualified: **04/21/1995**
3a. Date of Last Report: **08/20/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0586240** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FREEMAN, ALAN L
ONE S.E. 3RD AVE.
SUITE 1900
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 **FL** 85 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 of corporate officer if the registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☑ DELETE
NAME	NILSSON, LIEF	
STREET ADDRESS	1 SE 3RD AVE, SUITE 1900	
CITY-ST-ZIP	MIAMI FL	
TITLE	PDS	☐ DELETE
NAME	DU FEU, ROBERT JOHN	
STREET ADDRESS	SUITE 5, BLOCK A, HIRZEL COURT,	
CITY-ST-ZIP	ST. PETER PORT, GUERNSEY	
TITLE	D	☐ DELETE
NAME	NICHOLSON, ANN	
STREET ADDRESS	19, MOUNT HAVELOCK, DOUGLAS	
CITY-ST-ZIP	ISLE OF MAN	
TITLE	~~D~~	☐ DELETE
NAME	~~DUFEU, ROBERT ALAN~~	
STREET ADDRESS	~~SUITE 5, BLOCK A, HIRZEL COURT,~~	
CITY-ST-ZIP	~~ST. PETER PORT, GUERNSEY~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.D.S.	☐ Change ☑ Addition
1.2 NAME	DU FEU ROBERT JOHN	
1.3 STREET ADDRESS	SUITE 5 BLOCK A HIRZEL COURT	
1.4 CITY-ST-ZIP	ST PETER PORT GUERNSEY BRITISH ISLES	
2.1 TITLE	D	☐ Change ☑ Addition
2.2 NAME	NICHOLSON ANN	
2.3 STREET ADDRESS	19 MOUNT HAVELOCK DOUGLAS	
2.4 CITY-ST-ZIP	ISLE OF MAN. BRITISH ISLES	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: R.J. du Feu R.J. du FEU - DIRECTOR 18 FEB 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #