

4-14-97- B-4567
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000066639 (2)

1. Corporation Name
LINREN, INC.

Principal Place of Business
601 PONCE DE LEON BLVD.
SUITE 701
CORAL GABLES FL 33134

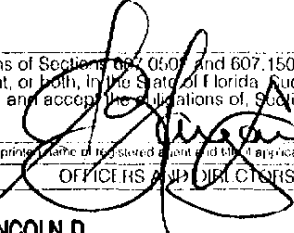
Mailing Address
601 PONCE DE LEON BLVD.
SUITE 701
CORAL GABLES FL 33134-3073



2. Principal Place of Business 21 4315 NW 7 ST Suite, Apt. #, etc. 22 STE 35 City & State 23 MIAMI FL Zip 24 33126		2a. Mailing Address 26 4315 NW 7 ST Suite, Apt. #, etc. 27 STE 35 City & State 28 MIAMI FL Zip 29 33126		3. Date Incorporated or Qualified 08/29/1995		3a. Date of Last Report 08/01/1996	
25 USA		30 USA		4. FEI Number -APPLIED FOR 45-0727382		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 ALBORNOZ, WILLIAM H 601 PONCE DE LEON BLVD. SUITE 701 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent 81 Name LINCOLN DE MATTOS BAYAO 82 Street Address (P.O. Box Number is Not Acceptable) 4315 NW 7 ST 83 STE 35 84 City MIAMI FL 85 Zip Code 33126			
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11. Pursuant to the provisions of Sections 607.0501 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  DATE 04-07-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME BAYAO, LINCOLN D STREET ADDRESS 601 PONCE DE LEON BLVD. SUITE 701 CITY-ST-ZIP CORAL GABLES FL 33134	☐ DELETE	TITLE D NAME BAYAO, LINCOLN D STREET ADDRESS 4315 NW 7 ST., STE 35 CITY-ST-ZIP MIAMI FL 33126	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 in an attachment with an address.

CR2E034 (9/96)