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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 # **P95000066639 (2)**

1. Corporation Name
LINREN, INC.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD. SUITE 701 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD. SUITE 701 CORAL GABLES FL 33134-3073

3. Date Incorporated or Qualified: 08/29/1995
3a. Date of Last Report: 08/01/1996

2. Principal Place of Business
21 4315 NW 7 ST (Suite, Apt. #, etc.)
22 STE 35 (City & State)
23 MIAMI FL
24 Zip 33126 25 Country USA

2a. Mailing Address
26 4315 NW 7 ST (Suite, Apt. #, etc.)
27 STE 35 (City & State)
28 MIAMI FL
29 Zip 33126 30 Country USA

4. FEI Number: ~~APPLIED FOR~~ 65-0727382 ☐ 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
901 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

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 _____ 04-07-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	BAYAO, LINCOLN D	1.2 NAME	BAYAO, LINCOLN D
STREET ADDRESS	901 PONCE DE LEON BLVD. SUITE 701	1.3 STREET ADDRESS	4315 NW 7 ST., STE 35
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	MIAMI FL 33126
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
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		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ 04/07/1997