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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600063407 (6)

LINGUINI, INC.

## **FILED** Apr 16 1997 8:00am Secretary of State



Principal Place of Business Malling Address									
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1340 BAY DRIVE 1340 BAY DRIVE MIAMI FL 33141 MIAMI FL 33141-3628									
						a. Date Incorporated or Qualified 07/26/1996	3a. Date	of Last Re	eport
2. Principal Place of Business 2a. Mailing Address					· · · · · · · · · · · · · · · · · · ·	4. FEI Number	<del>4</del>	Αρ	plied For
21		26						No	t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	— <u>1</u>			5. Certificate of Status Desired Securificate Status Desired Fee Required			
City & State 23	e	City & State				B. Election Campaign Financing     Trust Fund Contribution     Added to Fees			
Ζιρ <b>24</b>	Country Zip C 25 29 30		⊣			8. This corporation has liability for intangible tactunder s. 199.032, Florida Statutes			
	9, Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Reg	istered Ag	ent	
TOB	in, mark a			81	Name				
	D BAY DRIVE MI FL 33141				Street Addre	treet Address (P.O. Box Number is Not Acceptable)			
itin n	W 1 E 00111			83				············	
	<i>(</i> 2 <i>(</i>			84	City			85 Zip (	
11. Pursuant office or h	to the previsions of Sections 607 egistered agent, or both in the s	0502 and 607.1508, Florida Statitate of Florida. Such change was	tutes, the a s authorize	bove d by	e-named corp the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	rpose of c the appoi	nanging it ntment as	s registered registered
SIGNATURE						<u> </u>	10/9	7	
12.		AND DIRECTORS	13.	ia Agi	ant signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICE	FRS AND I	DIRECTOR	3S IN 12
10.E	D	DELETE	1.1 7	ITLE		ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	TOBIN, MARK A	<del></del>	1.2 N					- •	
STREET ADDRESS	1340 BAY DRIVE				ADDRESS				
CiTV-S1-719	MIAMI FL 33141				IT-ZIP				
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NAME			2.2 N	AME					
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NAME			3.2 N	IAME	ļ				
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7)TLF			5.1 TITLE			L.	Change	Addition	
NAM?				IAME					
STREET ADDITIESS					ADORESS				
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NAME				IAME					
STREET ADDRESS					ADDRESS				
CHIM - ST - ZPP			640	HY-5	ST-ZIP	H- CV 410 07/0/// FlId- 5:	15 45		4b.a

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changes or on an attackment with an address.