SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079079 (5)
LINER CORPORATION

97 OCT 27 MIII: LE

SECRETALE OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address			
1601 NW 29 STREET	1601 NW 29 STREET		' '	
MIAMI FL 33142	MIAMI FL 33142		55 457 4577 447 5545	
			DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	09/24/1996 4. FEI Number LApplied For	
21	— ·		The same of the sa	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		45-0744/65 Not Applica	
22	27		5. Certificate of Status Desired \$8.75 Additional Fee Required	۱
City & State	City & State		77 (60 (100)	
23	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country	Zip	Country	This corporation owes or has paid the current year Intangible	\dashv
24 26	29 30		Personal Property Tax due June 30. X Yes No	- 1
9. Name and Address of Curren		1	10. Name and Address of New Registered Agent	
PEREZ, ERNESTO 81 Name To A Consider To				
1601 NW 29 STREET		82 Street A	Sose A MARRIOS Jr.	
MIAMI FL 33142		62 Street A	Address (P.O. Box Number is Not Acceptable)	
•		83	-3002 2m 187+	
*				
•		84 City	Miami FL 85 33105	ĺ
11. Pursuant to the provisions of Sections 607.050	2 and 607,1508. Florida Statutes	the above-pamed	corporation submits this statement for the numose of changing as agistor	
office or registered agent, or both, in The State	of Florida. Such change was auth	horized by the corp	oration's board of directors. I hereby accept the appointment as registered	ď
/////		BAMOS		
SIGNATURE Synature, by d or printed name of registered ages	nt and little if applicable (NOTE: Re	egistered Agent signature	reguted when reinstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	DELETE	1.1 TOLE	JUSE A BARRIUS Jr. Change Addit	tion
NAME PEREZ, ERNESTO		1.2 NAME	2000 6 2 10 64	
STREET ADDRESS 1601 NW 29 STREET		1.3 STREET ADDRESS	3003 SW 18 St President	
CITY-ST-ZIP MIAMI FL 33142	ĺ	1.4 CITY - ST - ZIP	Miami Fla 33145	
TITLE STD	DELETE	2.1 TOLE		tion
NAME PEREZ, BARBARA		2.2 NAME	Lydia BARRIOS Change LADON	1
STREET ADDRESS 1601 NW 29 STREET		2.3 STREET ADDRESS	3003 SW 18st Secretary	ſ
CITY-ST-ZIP MIAMI FL 33142		2 4 CITY-ST-ZIP	Miami FLA 33145	
TITLE	DELETE	3.1 1/JLE	Change Addit	tion
NAME		3.2 NAME	Jose A Barrios Change MADOR	
STREET ADDRESS		3.3 STHEET ADDRESS	3003 SW 18 ST Tressury	
CITY-ST-ZIP		3 4. CITY-ST-ZIP	MIAMI FLA BBILLS	
TITLE	☐ DELFTE	4.1 TITLE	☐ Change ☐ Additi	iion
NAME		4. 2 NAME	3000023321430	.
STREET ADDRESS		4.3 STREET ADDRESS	-10/23/3701024001	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	****500.00 ****500.00	
TITLE,	☐ DELETE	5.1 TITLE	300002332114% 15%	illen
NAME		5.2 NAME	-10/29/9701024002	
STREET ADDRESS		5.3 STREET ADDRESS	*****58.75 *****58.75	-
CITY-ST-ZIP		5.4 CITY-ST-ZIP	۸۸	
TITLE	☐ DELETE	6.1 TITLE	Change Additi	ion
NAME		6.2 NAME	9000	
STREET ADDRESS		6.3 STREET ADDRESS	10-00	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	10 00	

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 chapted, or on an all achment with an address.