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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000010891 (4)

LINARES WITH LOVE, INC.

| Principal Place of Business | Mailing Address | | | | | |
|-----------------------------|---------------------------|--|--|--|--|--|
| 13021 SOUTHWEST 84 STREET | 13021 SOUTHWEST 84 STREET | | | | | |
| MIAMI FL 33183 | MIAMI FL 33183 | | | | | |

FILED Jun 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

| | | | | | | | 02/04/1997 | | | <u> </u> | | |
|---|---|---|--------------------|---|----------------|--------------------|--|--------------------------------|-------------------------|---------------------------|---|--|
| , | ace of Business | 26. Mailing Address | | | | | FEI Number | | - | ⊢ -+ | Applied For | |
| 21 | | 26 | | | | | 65-072 | 1245 | | | lot Applicable | |
| Suite, /got. #, etc. Suite, Apt. #, etc. 27 | | | | | | | 5. Certificate of Status Desired | | | | \$8.75 Additional Fee Regulred | |
| City & State City & State 23 - 28 - | | | | | | | 6. Election Campaig Trust Fund Contr | | | | May Be I to Fees | |
| Zip 24 | Country 71p 25 29 30 | | | Country | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | | | |
| | 9. Name and Address of Currer | | 1001 | | | | 0. Name and Addr | | | | | |
| AMERILAWYER CHARTERED 343 ALMERIA AVENUE | | | | | Name | ddroos | /P.O. Boy Number | Not Accorde | blo) | | | |
| CORAL GABLES FL 33134 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| | | | | 83 | | | | | | | | |
| | | | | 84 | City | | | | FL | 85 Zip | Code | |
| office or re | o the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig | of Florida. Such change wa | s authorized | J by | the corpo | corpora oration | tion submits this states board of directors. | ement for the I hereby acce | purpose o pt the app | f changing xointment a | its registered s registered | |
| SIGNATURE . | Skinatura, typed or printed name of registered ag | m) and title if applicable (IN | ()If Registered | - Ager | nt signature r | required w | heti reinstaling) | | DATE | | | |
| 12, | OFFICERS AN | | 13. | 9 | organizati v | 7043100 11 | ADDITIONS/CHAN | IGES TO OFFI | | DIRECTO | RS IN 12 | |
| TITLE | PVST | DELETE | 1.1 111 | LE | | VS | | | | Change | | |
| NAME | SUAREZ, MARLENE | | 1.2 NA | ME | Ī | I | RIS SUAR | <i>E</i> 2 | | | · | |
| STREET ADDRESS | 13021 SOUTHWEST 84 STRE | FT | 13.81 | REET | ADDRESS | 117 | 90 SW 18 | ST #11. | 5- | | | |
| CITY-ST-ZIP | MIAMI FL 33183 | | 1.4 01 | | | | AM PL | 33/75 | | | | |
| TITLE | D | DELETE | 2.1 111 | | - 11 | | , , | | | Change | Addition | |
| NAME | SUAREZ, MARLENE | <u></u> | 2.2 NA | | } | | | | | | | |
| STREET ADDRESS | 13021 SOUTHWEST 84 STRE | ET | | | ADDRESS (| | | | | | | |
| CITY+ST-ZIP | MIAMI FL 33183 | C i | 2.3 3 I | | 1 | | | | | | | |
| TITLE | IMPONITE 00100 | DELETE | 31 113 | | 1-215 | | | | | Change | Addition | |
| NAME | | | 3 2 NA | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 3.4. CI | | | | | | | | | |
| TITLE | | DELETE | 4.1 Tu | _ | 11-711- | | ····· | | | Change | Addition | |
| NAME | | _ June | 4.2 N/ | | | | | | | CT CHOIR | /idomidii | |
| | | | | | IDDDC00 | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CII 5.1 TIT | | 1 - ZIP | | | | | Change | Addition | |
| NAME | | בן טנננונ | 5.1 III 5.2 NA | | ļ | | | | | பளரி | L. ADVIION | |
| | | | | | *DODEGO | | | | | | | |
| STREET AODRESS | | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | DELETE | 54 CH | | 1-ZIP | ··· | | | | Change | Addition | |
| TITLE | | L] DELETE | 61 TI? | | | | | | | ∟ ∩iaiige | Addition | |
| NAME | | | 6.2 NA | | - | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 6.4 CIT | | | | | | | | | |
| indicated of officer or o | ertify that the information supplied won this annual report or suppliements director of the corporation or the recor Block 13 if changed, or on an atta | Caunical report is true and a ever or trustee empo wered t | ccurate and | i tha | it my sian | nature s | hall have the same l | egal effect as | if made un | i de r oath: th | nat Lamian | |