

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000017829 (7)**

1. Corporation Name

NILTON LINS AMERICAN INSTITUTE CORP.



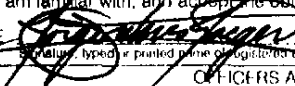
Principal Place of Business 8600 NW 36TH ST., SUITE 402 MIAMI FL 33166	Mailing Address 8600 NW 36TH ST., SUITE 402 MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0740707		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANQUART, JULIO A ESQ 1428 BRICKEL AVENUE MAIN FLOOR MIAMI FL 33131				81 Name Jorge E. Febres			
				82 Street Address (P.O. Box Number is Not Acceptable) 8600 NW 36th Street, Suite 402			
				83			
				84 City Miami			
				85 Zip Code FL 33166			

11. Pursuant to the provisions of Sections 607.0502 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  **Jorge E. Febres, Senior V.P. for Operations and Finance**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LINS, NILTON COSTA		1.2 NAME	LINS, NILTON COSTA			
STREET ADDRESS	9465 NW 54TH DORAL TERR.		1.3 STREET ADDRESS	(same)			
CITY-ST-ZIP	MIAMI FL 33178		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LINS, ALICE VILELA		2.2 NAME				
STREET ADDRESS	9465 NW 54TH DORAL TERR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33178		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	S/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			3.2 NAME	RODRIGUES, MANUEL			
STREET ADDRESS			3.3 STREET ADDRESS	8600 NW 36th Street, Suite 402			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Miami, Florida 33166	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	LINS, NILTON JR.			
STREET ADDRESS			4.3 STREET ADDRESS	9465 NW 54th Doral Terrace			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami, Florida 33178	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	FEBRES, JORGE E.			
STREET ADDRESS			5.3 STREET ADDRESS	8600 NW 36th Street, Suite 402			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami, Florida 33166	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I 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 an attachment with an address.

SIGNATURE:

April 13, 1998 (305) 513-0652

CR2E034 (10/97)