

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 30, 1999 8:00 am**  
**Secretary of State**

07-30-1999 90005 006 \*\*\*550.00

**DOCUMENT # P97000017829**

1. Corporation Name

**MILTON 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/25/1997**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** Zip Country

4. FEI Number

**65-0740707**

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 owes the current year

Intangible Personal Property.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FERBRES, JORGE E  
8600 NW 36TH ST  
STE 402  
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name

**LEANDRO N. GUERREIRO**

82 Street Address (P.O. Box Number is Not Acceptable)

**8600 N.W. 36th St**

83

**Suite 402**

84 City

**MIAMI**

FL

85

Zip Code

**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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/12/1999**  
DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LINS, NILTON COSTA  
9465 NW 54TH DORAL TERR.  
MIAMI FL 33178** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
LINS, ALICE VILELA  
9465 NW 54TH DORAL TERR.  
MIAMI FL 33178** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
RODRIGUES, MANUEL  
8600 NW 36TH ST, STE 402  
MIAMI FL 33166** ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
LINS, NILTON J  
9465 NW 54TH DORAL TERR  
MIAMI FL 33178** ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
FEBRES, JORGE E  
8600 NW 36TH ST, STE 402  
MIAMI FL 33166** ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**ST  
LEANDRO GUERREIRO  
SAME  
SAME** ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

*[Signature]*  
**LEANDRO N. GUERREIRO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/12/1999 (305) 513-0652**

CR2E034 (5/99)