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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000024301 1. Corporation Name

LINEN CREATIONS, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90094 004 ***150.00



	or business	Walling Address			1		
1970 W 84 STREET		1970 W 84 STREET					
HIALEAH FL 33014		HIALEAH FL 33014			DO NOT WINETE IN THIS ORACE		
					DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed	- 1	
					03/13/1998	ĺ	
- B: : : : : : : : : : : : : : : : : : :	- FD	2a. Mailing Address			4. FEI Number Applied For	_	
2. Principal Place of Business		— ·			65-0820521 Not Applicable	_	
21		26]				<u>a</u>	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	- (
22		27			5. Certificate of Status Desired	_	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	- I	
	4.	28			Trust Fund Contribution Added to Fees		
23	Country	Zip	Country		8. This corporation owes the current year Intangible		
Zip		_ · _	¬ ¬ ,			- {	
24	25		기		Personal Property Tax. Yes No 10. Name and Address of New Registered Agent	_	
	9. Name and Address of Current	Registered Agent		 _	10. Name and Address of New Registered Agent		
			81	Name .	•	- 1	
ROD	RIGUEZ, ARMANDO		82 Street Add		ddress (P.O. Box Number is Not Acceptable)		
1970 W 84 STREET		•	82 Street Add		Address (P.O. Box Number is Not Acceptable)	1	
HIALEAH FL 33014			83	 	<u> </u>		
HIMLERIT PE 30014			63			- 1	
ı	. '		84	City	85 Zip Code	\neg	
	t			1	FL		
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes.	the above	e-named o	corporation submits this statement for the purpose of changing its registered		
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was auth ions of, Section 607.0505, Florid	norized by a Statutes	the corpor	oration's board of directors. I hereby accept the appointment as registered	Ì	
SIGNATURE	•				equired when reinstating) DATE		
	Signature, typed or printed name of registered agent OFFICERS ANI		13.	in signature to	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv	
12.					TO - TA 448	ion	
TITLE	PD	DELETE	1.1 TITLE	ļ	ARMANDO R. RODRIGUEZ JR. 430 N.W. 197 AVE.		
NAME	RODRIGUEZ, ARMANDO	· ·	1.2 NAME	14	HEMAROO ICIR COREGUEZ VII.		
STREET ADDRESS	430 NW 197 AVE		1.3 STREE	TADDRESS	2130 D.W. 117 1700.		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		1.4 CITY-S	ST-ZIP	PEMBROKE Pines, Fl. 33029		
TITLE	STD	DELETE	2.1 TITLE	_	☐ Change ☐ Addition	ion	
[1	
NAME	RODRIGUEZ, SUSANA	A DECEME	0014445	ľ		ſ	
	•	M occur	2.2 NAME				
STREET ADDRESS	430 NW 197 AVE			T ADDRESS			
	•	,					
STREET ADDRESS CITY-ST-ZIP TITLE	430 NW 197 AVE	DELETE	2.3 STREE		☐ Change ☐ Additio	ion	
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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 coporation 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 or Chapter 607, or on an attachment with an address, with all other like empowered.