PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$83079 1, Corporation Name

LINE INTERNATIONAL, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90225 009 ***150.00



li .					
Principal Place of Business Mailing Address			=		
3030 CW 28TH OT: -3030 CW 29FH ST:					
COCONUT GROVE FL 33133 COCONUT GROVE FL 3313			,		
us us					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 09/25/1991
2. Principal Place of Business 2a. :Mailing Address					4. FEI Number, Applied For
			Court		65-0288893 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
28				Trust Fund Contribution Added to Fees	
Zip			Countr	у	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
,	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			8	Name	
Cronig, Steven C.				2 Street	Address (P.O. Box Number is Not Acceptable)
BAILEY HUNT JONES & BUSTO			١.	311001	Address (1.0. Dox Nulliber is Not Acceptable)
501 BRICKELL KEY DR., S-300			8:	3	
MIAN	AI FL 33131-2608		L		
	•		8	6 City	FL 85 Zip Code
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.					
agent. I a	m familiar with, and accept the obligati	ions of, Section bur.usus, Fio	rica Statute	5.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Ag	ent signature r	required when reinstating) DATE
12.	OFFICERS AND		13.	<u> </u>	. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DÉLETE	1.1 TITLE		70 Livente d. Change Addition
NAME	SAEZ, LYNN E.		1.2 NAME		aca - w- nctst
STREET ADDRESS	30 20 SW 28 STREET		1.3 STRE	ET ADDRESS	3400 World Court 2670 NE 215 ST,
1	COCONUT GROVE FL		1.4 CITY-		Aventura # 33180
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	SAEZ, DIEGO	_	2.2 NAME		90 4 HEMIEIO 2670 NE 215 St
1	3030 SW 20 STREET		II.	ET ADDRESS	3476 Whosis Court
STREET ADDRESS	COCONUT GROVE FL	, <u> </u>	2. 4 CITY		Aventina El 33180
CITY-ST-ZIP TITLE	COCONOT GROVE IL	☐ DELETE	3.1 TITLE		Change Addition
			3.2 NAME		
NAME				ET ADDRESS	
STREET ADDRESS	`				hose adalassa
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE		Change Addition
TITLE		□ perc / c	4. 2 NAM		all man
NAME			ı		- Charge
STREET ADDRESS	()	•		ET ADDRESS	
CITY-ST-ZIP		- Incient	4.4 CITY-		Change Addition
TITLE	.1	☐ DELETE	5.1 TITLE 5.2 NAME		Change D'Addition
NAME					
STREET ADDRESS	·			ET ADDRESS	j
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5.4 CITY-		Change Addition
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Vaginou
NAME -			6.2 NAME		
CTRCET ADDRESS	1		■ 6.3 STRE	ET ADDRESS	1

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #