

Document Number Only

A95000000916

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
NOV 19 PM 1:32

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

400001519814

00721795 01095 012

\*\*\*140.00 \*\*\*140.00

Trade Link USA, Ltd.

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Dissolution/Withdrawal
- Other
- Change of R.A.
- Fictitious Name
- CUS
- After 4:30
- Pick Up

Name	
Availability	7/7 - 6/19/95
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

6/19/95  
3:00

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

G. TAX \_\_\_\_\_  
 FILING \_\_\_\_\_ 52.50  
 R. AGENT FEE \_\_\_\_\_ 98.00  
 G. COPY \_\_\_\_\_ 52.50  
 TOTAL \_\_\_\_\_ 140.00  
 N. BANK \_\_\_\_\_  
 BALANCE DUE \_\_\_\_\_  
 RECEIVED \_\_\_\_\_

**CERTIFICATE OF LIMITED PARTNERSHIP  
TRADE LINX USA, L.P.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 19 PM 1:33

The undersigned hereby executes and files with the Secretary of State of the State of Florida this Certificate of Limited Partnership of TRADE LINX USA, L.P. pursuant to the provisions of Florida Statutes Section 620.108 for the purposes of forming a limited partnership under the laws of the State of Florida, effective as of the date of filing of this Certificate of Limited Partnership in the offices of the Secretary of State.

1. Name of Limited Partnership. The name of the limited partnership is "TRADE LINX USA, L.P."

2. Name and Address of Registered Agent. The registered agent for service of process is:

CT Corporation System  
1200 Pine Island Road  
Plantation, Florida 33324

3. Name and Address of General Partner. The name and business address of the general partner of the Limited Partnership is:

USA TRADE LINX INC.  
7627 Paseo Castilla, Marbella  
Sarasota, Florida 34238

845 000038298

4. Mailing Address. The mailing address of the Limited Partnership is:

7627 Paseo Castilla, Marbella  
Sarasota, Florida 34238

5. Termination. The latest date on which the Limited Partnership is to dissolve is December 31, 2045.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of the Partnership this 16<sup>th</sup> day of June, 1995.

USA TRADE LINX INC., a Florida corporation

By: 

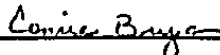
Dean M. Vivian, President

SECRET  
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DIVISION OF CORPORATIONS  
1995 JUN 19 11:32

**ACCEPTANCE OF APPOINTMENT BY INITIAL  
REGISTERED AGENT**

THE UNDERSIGNED, a corporation resident of the State of Florida, having been named in the foregoing Certificate of Limited Partnership as the Initial Registered Agent at the office designated therein, hereby accepts such appointment and agrees to act in such capacity. The undersigned hereby states that it is familiar with, and hereby accepts, the obligations of registered agent provided for under Section 620.192, Florida Statutes, and the undersigned will further comply with any other provisions of law made applicable to it as Registered Agent of the Limited Partnership.

DATED, this 16<sup>th</sup> day of June, 1995.



CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

**AFFIDAVIT  
OF  
AMOUNT OF CAPITAL CONTRIBUTIONS  
TO  
LIMITED PARTNERSHIP**

FILED - STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 19 PM 1:32

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The undersigned, as President of USA TRADE LINX INC., a Florida corporation, the general partner of TRADE LINX USA, LTD, a Florida limited partnership, hereby declares as follows:

1. The amount of the capital contributions of the limited partners as of the date hereof is \$1,000.00.
2. The amount of the capital contributions anticipated to be made by the limited partners is \$0.
3. This Affidavit is executed by the undersigned as President of USA TRADE LINX INC., the general partner of the Limited Partnership.

  
\_\_\_\_\_  
DEAN M. VIVIAN

**SWORN AND SUBSCRIBED TO** before me this 16<sup>th</sup> day of June, 1995 by DEAN M. VIVIAN, as President of USA TRADE LINX INC., the general partner of the TRADE LINX USA, LTD. DEAN M. VIVIAN is personally known to me or produced a driver's license as identification, and did take an oath.

Helen Teresa Fentress  
NOTARY PUBLIC, State of Florida

My Commission Expires: 12/22/98



**FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Laura M. Metcalf  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 JAN -2 PM 2:00

1500001882926  
-01/10/96--01048--006  
\*\*\*191.25 \*\*\*191.25  
DISTRICT WAREHOUSE OFFICE

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000000916

TRADE LINX USA, LTD.

2. Home Mailing Address, if Applicable  
2245 Porter Lake Drive

Interstate Lake Ind. Park

City, State & Zip  
Sarasota, Florida 34240

2a. Home Office Address, if Applicable  
2245 Porter Lake Drive

City, State & Zip  
Interstate Lake Ind. Park

City, State & Zip  
Sarasota, Florida 34240

3. Date Formed or Registered by the Business in  
FLORIDA 06/19/1995

3a. Date of Last Report  
N/A

4. State or Country of Formation  
FL

5a. Capital Contributions as Shown on Record  
\$1,000.00

5b. Amount of Capital Contributions in FLORIDA to date  
1,000.00

6. FID Number  
Applied For

7. CERTIFICATE OF STATUS III QUIRD  
Applied For  
Not Applicable

8. FEES: 1) Filing Fee - Computed at a rate of \$7 per \$1,000 on amount entered in 5a or 5b if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50  
2) Supplemental Fee - \$138.75 (pursuant to section 607.193, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$578.25 (\$437.50 + \$138.75)  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office  
Name  
Deat, Vivian  
Street Address (P.O. Box Number is Not Acceptable)  
2245 Porter Lake Drive  
City, State & Zip  
Interstate Lake Ind. Park  
City, State & Zip Code  
Sarasota FL 34240

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

DATE 12-29-95

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
USA TRADE LINX INC.	7627 PASEO CASTILLA,	SARASOTA FL 34238	P95000038298

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption stated in section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited Partnership (receiver or trustee) empowered to execute this report as required by section 620.192, Florida Statutes.

SIGNATURE

*David Lebutt*  
DAVID LEBUTT

DATE

12/29/95

Telephone Number

(941) 378-4220

0008451

CR2E003 (6/95)