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

**PROFIT** CORPORATION ANNUAL REPORT 1999



DIVISION OF CORPORATIONS

## FILED Apr 15, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

04-15-1999 90082 037 \*\*\*158.75

DOCUMENT #	P93000001	156

1. Corporation Name

LINK H. INTERNATIONAL, INC.

						······································					
Principal Place	e of Business		ailing Address	÷ + •	••			_	٠	· <del></del> -,	
1515 NW 167TH	1 ST		592 NW 82 PL								
110U   MIAMI FL 33169	٩	_	E 517 Ami FL 33015				DO NOT WRITE IN THIS SPACE				
US	•	US	•				3. Date Incorporated or Qualified				1
							01/08/1993				
2 Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For	1
<u></u>		26					65-0378979		<u> </u>	ot Applicable	1
Suite, Apt.	#. etc.	20	Suite, Apt. #, etc.			<del></del>		<u>~</u>		Additional	1
22	., 5.5.	27	,,				5. Certifcate of Status Desired	X	Fee Re	equired	
City & State	<del></del>	77.	City & State				6. Election Campaign Financing		\$5.00	May Be	1
23		28					Trust Fund Contribution		Added 1	•	
Zip	Country		Zip	Cou	ntry	-	8. This corporation owes the curr	ent year l	ntangible		1
24	25	29	ſ	30			Personal Property Tax.		☐ Yes	□No	_
	9. Name and Address of Curren	t Regis	tered Agent				10. Name and Address of New F	Registere	d Agent		4
					81	Name					
	NG, LIN K				82	Stroot Addre	ess (P.O. Box Number is Not Accepta	able)			┨
	2 NW 82 PL					Ollegi Addir	555 (F.G. Box Humbor to Hot Hoopk				_
MAIM	MI FL 33015				83						1
	·					016.		_	OF 7in I	Code	-
					84	City		F	L   85   Zip (	Dode	
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Statute	s, the al	DOVE	a-named corpo	pration submits this statement for the	purpose o	of changing its	registered	1
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	of Floric	da. Such change was at	ithonzed	by	the corporatio	n's'board of directors. I hereby accep	ot the app	ointment as re	gistered	
1	in latinial with, and accept the conga-		, decilor der ledde, t let	104 01011		•					1
SIGNATURE	Signature, typed or printed name of registered agent	t and title	if applicable. (NOTE:	Registered	Agen	nt signature required	( when reinstating)	DATE			ءَ ا
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OF	FICERS A	AND DIRECTO	ORS IN 12	] 3
TITLE	Р		DELETE	1,1 TII	ΠE				☐ Change	☐ Addition	3
NAME	Huang, Lin K			1.2 NA	ME						1 6
STREET ADDRESS	1515 NW 167TH ST SUITE 110	U		1.3 ST	RÉET	ADDRESS					[
CITY-ST-ZIP	MIAMI FL 33169			1.4 CT	TY-SI	T-ZIP					] [
TITLE	-		☐ DELETE	2.1 🎹	ΠE				Change	☐ Addition	١,
NAME				2.2 NA	WE						
STREET ADDRESS				2.3 \$7	REET	ADDRESS					1
CITY-ST-ZIP				2.4 C	TY-S	T-ZIP					
TITLE			☐ DELETE	3.1 TT	Œ			-	☐ Change	☐ Addition	1
NAME				3.2 N	ME						1
STREET ADDRESS	·			3.3 51	REET	T ADDRESS					
CITY-ST-ZIP				3.4. C	ΠY-S	IT-ZIP					
TITLE	-	· · · · · ·	DELETE	4.1 TT					Change	Addition	1
NAME	,			4. 2 N	AME				•		Į.
STREET ADDRESS				4.3 51	REET	ADDRESS					
C/TY-ST-ZIP				4.4 CT							Ì
TITLE			DELETE	51.11					- Change	Addition	7
NAME				5.2 N	MÉ	1	¥ 7	. 1.	,		
STREET ADDRESS				5.3 ST	REET	F ADDRESS					1
CITY-ST-ZIP				5.4 CI	TY-S	T- ZIP					1
TITLE			☐ DELETE	6.1 TT	īιε				☐ Change	Addition	1
NAME				6.2 N	ME						
STREET ADDRESS				6.3 ST	REET	T ADDRESS					
CITY-ST-ZIP	1			6.4 CF		1					
I OIT I OIT ZIP											-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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: