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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000022890 (6)

LYNK W	ORLOWIDE, INC.				
Principal Place	e of Business	Mailing Address			
100 SE 2ND ST 26 FLOOR MIAMI FL 33131		100 SE 2ND ST 28 FLOOR MIAMI FL 33131-2100			
				3. Date Incorporated or Qualified	3a. Date of Last Report
9 Principal P	lace of Business	2a. Mailing Address		03/23/1993 4. FEI Number	04/14/1996
21		26			Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		65-0406423	CO 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8 This corporation has liability for in	
24	25		30		Yes No
	9, Name and Address of Curre	· · · T	81 Name	▼ 10. Name and Address of New Regi	stered Agent
	&S REGISTERED AGENT COR	PORATION	Name		
1401 BRICKELL AVE 100 SE 2ND ST			82 Street Ad	dress (P.O. Box Number is Not Acceptable)
•	- · · - · ·		83		
MIAT	MI FL 33131		<u> </u>		
			84 City		FL 85 Zip Code
11. Pursuant office or r agent. I a				rporation submits this statement for the pu alion's board of directors. I hereby accept	
12.	Signature, typed or printed name of registered a	ND DIRECTORS (NOTE	Registereo Agent signature req	ADDITIONS/CHANGES TO OFFICE	DATE BS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TILLE	ADDITIONATIONALS TO OFFICE	Change Addition
NAME	CHARET, PIERRE	_	1.2 NAME		_
STREET ADDRESS	9955 NW 166 WAY, #7		1.3 STREFT ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
`NAME	POINTON, GERALD R		2 2 NAME		
STREET ADDRESS	9955 NW 166 WAY, #7		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAM! FL		2 4 CITY-ST-ZIP		
TITLE .		☐ DELETE	3.1 TITLE .		. L. Change L. Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		- Delitie	3.4. CITY - ST - ZIP		() () () () () () () () () ()
TITLE		DELETE	4.1 TITLE	40000220	Change Addition
NAME			4. 2 NAME	-06/04/970108	9029
STREET ADDRESS			4 3 STHEET ADDRESS	***165.00	3 023
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - \$T - 7IP 5.1 TITLE		Change Addition
NAME		L.J Deteri	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		100
CITY-ST-ZIP			5.4 CITY - ST - 2IP		'~ 5 Ø\
TITLE	<u></u>	DELETE	G 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	30000220	1723
STREET ADDRESS			6 3 STREET ADDRESS	-06/04/970108	3028
CITY-ST-ZIP			6.4 CITY - \$1 - 7IP	***385.00	
	by certify that the information suppl	ed with this filing does not qualify		ed in Section 119.07(3)(i), Florida Statutes.	I further certify that the

information indicated on this annual report for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that tam 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 is if changed, or on an attachment with an address.