

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000042777 (1)**

1. Corporation Name
MISSING LINK OVERSEAS TRADING & CONSULTING, INC.



Principal Place of Business: **12196-4 SAG HARBOR COURT W PALM BEACH FL 33414**
Mailing Address: **12196-4 SAG HARBOR COURT W PALM BEACH FL 33414**

3. Date Incorporated or Qualified 06/10/1993	3a. Date of Last Report 07/21/1995
4. FL Number 65-0419367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

**SAMARIN, LORI L
12196-4 SAG HARBOR COURT
W PALM BEACH FL 33414**

81. Name	85. Zip Code
82. Street Address (P.O. Box Numbers Not Acceptable)	FL
83.	
84. City	

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0902 and 607.1505, 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. The officer accepts the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Date of Signature

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/P/M	11 TITLE	Change Add on
NAME	<input type="checkbox"/> DELETE	12 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
STREET ADDRESS		13 STREET ADDRESS	
CITY-STATE-ZIP		14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21		22 NAME	
NAME	<input type="checkbox"/> DELETE	23 STREET ADDRESS	
STREET ADDRESS		24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		25 NAME	
22		26 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	27 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		28 NAME	
CITY-STATE-ZIP		29 STREET ADDRESS	
23		30 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	31 NAME	
STREET ADDRESS		32 STREET ADDRESS	
CITY-STATE-ZIP		33 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24		34 NAME	
NAME	<input type="checkbox"/> DELETE	35 STREET ADDRESS	
STREET ADDRESS		36 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		37 NAME	
25		38 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	39 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		40 NAME	
CITY-STATE-ZIP		41 STREET ADDRESS	
26		42 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	43 NAME	
STREET ADDRESS		44 STREET ADDRESS	
CITY-STATE-ZIP		45 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27		46 NAME	
NAME	<input type="checkbox"/> DELETE	47 STREET ADDRESS	
STREET ADDRESS		48 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		49 NAME	
28		50 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	51 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY-STATE-ZIP		53 STREET ADDRESS	
29		54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	55 NAME	
STREET ADDRESS		56 STREET ADDRESS	
CITY-STATE-ZIP		57 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30		58 NAME	
NAME	<input type="checkbox"/> DELETE	59 STREET ADDRESS	
STREET ADDRESS		60 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		61 NAME	
31		62 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	63 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		64 NAME	
CITY-STATE-ZIP		65 STREET ADDRESS	
32		66 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing is true, correct and complete and does not comply for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and correct 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 otherwise 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.

SIGNATURE:

Lori L Samarin LORI L SAMARIN

3/25/96

(407) 798-3394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)