

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000053666 (1)

1. Corporation Name  
SKYLINK-USA, INC.

Principal Place of Business

6001 BROKEN SOUND PARKWAY  
#424  
BOCA RATON FL 33487

Mailing Address

6001 BROKEN SOUND PARKWAY  
#424  
BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1994

4. FEI Number

65-0506502

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 21312 ST ANDREWS BLVD

Suite, Apt. #, etc.

22 Suite 140

City & State

23 BOCA RATON FL

Zip

24 33433

Country

25 USA

2a. Mailing Address

26 21312 ST ANDREWS BLVD

Suite, Apt. #, etc.

27 Suite 140

City & State

28 BOCA RATON FL

Zip

29 33433

Country

30 USA

9. Name and Address of Current Registered Agent

MAHON, TIMOTHY K  
2929 E. COMMERCIAL BLVD.  
PENTHOUSE E  
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME MACEY, REBECCA  
STREET ADDRESS 6001 BROKEN SOUND PARKWAY, #424  
CITY-ST-ZIP BOCA RATON FL 33487

☐ DELETE

TITLE ~~VSD~~  
NAME ~~READ, STEPHEN M~~  
STREET ADDRESS ~~6001 BROKEN SOUND PARKWAY, #424~~  
CITY-ST-ZIP ~~BOCA RATON FL 33487~~

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

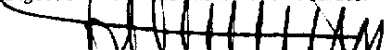
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE



4/27/98

561-361-8589

CR2E034 (10/97)