FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000093325

1. Corporation Name
GLOBAL LINKS TRADING NETWORK, inc.

Principal Place of Business
Miami - FLORIDA

Mailing Address 3716 Alcantara Ave
~~8830 S.W. 123 Ct.~~
~~Suite E305~~
Miami - FLORIDA ~~33186~~ 33178

2. Principal Place of Business	2a. Mailing Address
21 3716 Alcantra Ave	26 3716 Alcantara Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33178 Country 25 U.S.A.	Zip 29 33178 Country 30 U.S.A.

3. Date Incorporated or Qualified 12/15/94
3a. Date of Last Report
4. FEI Number 65-0544008 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Mitchell E. Jacobs
~~[illegible]~~
Def H. Jacks P.A.
10689 North Kendall Drive PH#3 ...
Miami, FL 33176 - 1874

10. Name and Address of New Registered Agent
81 Name TOM VAN DER BOON
82 Street Address (P.O. Box Number is Not Acceptable) 3716 ALCANTARA AVENUE
83 Miami -
84 City Miami FL 85 Zip Code 33178

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 X TOM VAN DER BOON 4-26-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P, D, VP, SEC, TRES	☐ DELETE
NAME	JOANNE MAXIMILIEN ELIE	
STREET ADDRESS	3716 ALCANTARA AVENUE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	900001871069	
4.3 STREET ADDRESS	-06/21/96--01040--028	
4.4 CITY-ST-ZIP	***25.00	
5.1 TITLE	100001871071	☐ Change ☐ Addition
5.2 NAME	-06/21/96--01040--029	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	6-20-96	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Joanne Maximilien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 Date
305.~~595-7158~~ 717-5419 Daytime Phone #