

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 # P95000008886 (0)

1. Corporation Name

LINKUP INTERNATIONAL MARKETS, INC.

Principal Place of Business

Mailing Address

~~780 NW 42ND AVENUE #617~~
~~MIAMI FL 33126~~

~~780 NW 42ND AVENUE #617~~
~~MIAMI FL 33126~~



2. Principal Place of Business
21 600 BRICKELL AVENUE
Suite, Apt. #, etc.
22 #206-E
City & State
23 MIAMI FLORIDA,
Zip Country
24 33131 25 USA
2a. Mailing Address
26 600 BRICKELL AVENUE
Suite, Apt. #, etc.
27 #206-E
City & State
28 MIAMI FLORIDA,
Zip Country
29 33131 30 USA

3. Date Incorporated or Qualified
02/02/1995
3a. Date of Last Report
4. FEI Number
65-0552010
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

10. Name and Address of New Registered Agent

LLEONART, LUIS M
780 NW 42ND AVENUE #617
MIAMI FL 33126

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
VENTRIGLIA, JOSE C
RUA MANOEL GUEDES 267 ITAIM BIB SAO PAULO
BRASIL 04536-070
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
VENTRIGLIA, LEONARDO
RUA MANOEL GUEDES 267 ITAIM BIB SAO PAULO
BRASIL 04536-070
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
VENTRIGLIA, FEDERICO
RUA MANOEL GUEDES 267 ITAIM BIB SAO PAULO
BRASIL 04536-070
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Leonardo de Campos Ventrighia Leonardo de Campos Ventrighia 4/13/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)