

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION-
ANNUAL REPORT
1996



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

DOCUMENT # P95000015107 (2)

1. Corporation Name

POWERLINK SYSTEMS CORPORATION

Principal Place of Business

Mailing Address

9280 S.W. 123RD COURT
SUITE S-308
MIAMI FL 33185

9280 S.W. 123RD COURT
SUITE S-308
MIAMI FL 33185

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 523086

23 City & State

27 City & State

24 Zip 25 Country

28 MIAMI FL 29 33152 30 Country

9. Name and Address of Current Registered Agent

FORTOU, LUIS
9280 S.W. 123RD COURT
SUITE S-308
MIAMI FL 33185

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the agent or registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

GERMAN ESTEVEZ
SIGNATURE

Signature, typed or printed name of registered agent and this is applicable

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	FORTOU, LUIS	
STREET ADDRESS	9280 S.W. 123RD COURT #S-308	
CITY-ST-ZIP	MIAMI FL 33186	
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 and my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

LUIS FORTOU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified

02/23/1995

3a. Date of Last Report

4. FEI Number

65-0641872

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

10. Name and Address of New Registered Agent

81 Name

GERMAN ESTEVEZ

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

15705 MIAMI LAKEWAY N.

83

210

84 City

MIAMI LAKES

85

Zip Code

33014

I, the named corporation submit this statement for the purpose of changing its registered office or corporation's board of directors. I hereby accept the appointment as registered agent. I am

MANAGING DIRECTOR

2-24-96

Agent signature required when reinstating

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	M	Change	<input checked="" type="checkbox"/> Addition
NAME	GERMAN ESTEVEZ		
STREET ADDRESS	15705 MIAMI LAKEWAY N. #210		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		
TITLE		Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

BANK

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2-24-96

507-282-3260

Date

Daytime Phone #

CR2E034 (12/95)