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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

**PROFIT** CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite. Apt #, etc.

City & State

21



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

### DOCUMENT # P95000015107 (2)

### POWERLINK SYSTEMS CORPORATION

Principal Place of Business Mailing Address 9280 S.W. 123RD COURT P.O. BOX 523086 SUITE S-308 MIAMI FL 33152 MIAMI FL 33185

Block 12 or Block 13 if changed, or on an attachment with an address.

# **FILED** Apr 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1995

3/29/98

(305) 4930367

Applied For

\$8.75 Additional

Fee Required

Not Applicable

4. FEI Number

65-0641872

5. Certificate of Status Desired

City & Stat	e	City & Sta	City & State					6. Election Campaign Financing \$5.00 May Be							
23		28						Trust Fund	Contribu	tion		Add	ed to	Fees	_
Zip	Country	Zip		Cour	ntry		8.	This corpo						•	1
24 25 29 30 9. Name and Address of Current Registered Agent												Yes No			
<u> </u>			B1	10. Name and Address of New Registered Agent									4		
ESTEVEZ, GERMAN					Name										}
15705 MIAMI LAKEWAY N.					82 Street Address (P.O. Box Number is Not Acceptable)							1			
#210															4
ML	AMI LAKES FL 33014			ŀ	83										
				Ì	84	City			·· <u>-</u>		FL	85 7	ip Co	ode	1
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 register															-
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, Soction 607.0505, Florida Statutes.															
SIGNATURE	SIGNATURE Signature typed or printed name of registered agent and title if appropriate (NOTE: Registered Agent signal are required when reinstating)  DATE  DATE														
	Signature typed or printed name of registered a		(NOTE:	Registered	Agen	it signal ire requ			CUANCE	C TO OFF	DATE	D DIECT	200	INL 10	₹\
12.	OFFICERS A	ND DIRECTORS	DELETE	1.1 TIT				ADDITIONS	CHANGE	3 10 OFF	ICERS AIV	Chang		Addition	CR2E034 (10/97)
NAME	FORTOU, LUIS			1.7 HI									ا عاد		<u>-</u>
	9280 S.W. 123RD COURT #S-308			•		ADDRESS									g
STREET ADDRESS	MIAMI FL 33186	0.300		1											밁
CITY-ST-ZIP TITLE	MD		DELETE	1.4 CIT 2.1 TITI		- ZIP						Chanc	ne	Addition	⊣წ
NAME	ESTEVEZ, GERMAN	L_1	Ditti	2.2 NAI								L) branc	,		1
STREET ADDRESS	15705 MIAMI LAKEWAY N.	#910				ADDRESS									
] -	MIAMI LAKES FL 33014	# Z 10		1		1									1
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NAME		_		3.2 NAI									,-		İ
STREET ADDRESS				1		ADDRESS F									ŀ
CITY-ST-ZIP				3.4. Ci											1
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NAME				5.2 NA	ME										ļ
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TITLE			DELETE	6.1 T/T	Lŧ							☐ Chang	je l	Addition	1
NAME				6.2 NA	ME	ļ									1
STREET ADDRESS				6.3 ST	REE1 A	ADDRESS									
CITY-ST-ZIP				6.4 CIT											]
indicated	certify that the information supplied on this annual report or supplement director of the corporation or the re-	tal annual report is tr	rue and accu	rate and	I thai	t my signati	ature sha	Ill have the	same lega	il effect as	if made ur	nder oath;	that I	l am an	