FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000054546 (3) **DOCUMENT #** 1. Corporation Name

LINKS IN GOLD, INC.

55 NE 1ST STREET SUITE 60 MIAMI FL 33132	55 NE 1ST STREET SUITE 60 Miami Fl 33132
Principal Place of Business	Mailing Address



Principal Place of Business Mailing Address						
55 NE 1ST STREET SUITE 60 55 NE 1ST STREET SUITE 60 MIAMI FL 33132 MIAMI FL 33132			SUITE 60			
					3. Date Incorporated or Qualified 3a. D 07/14/1995	ate of Last Report
2. Principal Piac	pe of Business	2a. Mailing Address 26			4. FEI Number US - O VIUS ID	Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite. Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & State	Co. D. Co.				6. Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip	Country	Ziji	Country 30		8. This corporation has liability for intangible Florida Statutes Yes No.	e tax under s. 199.032,
24	9. Name and Address of Curr	29 ent Registered Agent	1301		10. Name and Address of New Register	
	5, Haite and Addition of Calif		81	Name		
GARCIA	, MEDARDO		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
55 NE 1ST STREET SUITE 60 MIAMI FL 33132			83		, all 1, 2 a	
			84	City		85 Zip Code
			<u>l</u> .		at the state its the eleternant for the number of	changing its registered office
familiar with	n, and accept the obligations of Si Salar versions and the endorse the	ertaal the Jopphara 1994	es. Noti Rigistical Ago		ard of directors. Thereby accept the appointmen	t
12.	OFFICERS A	AND DIRECTORS DELETE	1 1 TIT .E		ALEMIONO OF THEE OF STREET	☐ Change ☐ Addition
TITLE	GARCIA, MEDARDO		1 2 NAME			_
NAME NAME	55 NE 1ST STREET SUITI	60		LADDEESS		
STREET ADDRESS	MIAMI FL 33132		14 GIT *-	Į.		
CITY - ST - ZIP TITLE		☐ DELETE	2 1 TIT.F			Change Addition
NAME			2.2 NAME	}		
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TITLE		☐ DELETE	3 1 THUE	i		Change Addition
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STREET ADDRESS			4.4 GI! / -			
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NAME		_	6.2 NAMI			
STREET ADDRESS			63STRE	ET ADDRESS		
CITY-S!-7:P			6 4 CLY	S1 ZIP		
GII11-31-74F	1	the state of the s	f waished and No	ce not qualify	for the exemption stated in Section 119.07(3)(Florida Statutes I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and Jose not quality 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 early; 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 gliangied, or on an attachment with an address.

ME OF STONING OFFICER OR DIRECTOR

04-14-96 305-