

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000057780 (5)

1. Corporation Name

TRADELINK INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

4070 LAGUNA ST
CORAL GABLES FL 33146

4070 LAGUNA ST
CORAL GABLES FL 33146

3. Date Incorporated or Qualified

3a. Date of Last Report

07/26/1995

2. Principal Place of Business

2a. Mailing Address

21 2900 BRIDGEPORT AVE

26 2900 BRIDGEPORT AVE

4. FEI Number

Applied For

Not Applicable

65-0597300

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

402

402

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

City & State

City & State

23 COCONUT GROVE FL

28 COCONUT GROVE FL

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes

Yes No

24 33133

25 USA

29 33133

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERMINELLO, LOUIS J
2700 SW 37 AVE
MIAMI FL 33133

81 Name

JUDITH A. JARVIS

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

2900 BRIDGEPORT AVENUE

83

SUITE 402

84

COCONUT GROVE

FL

85 Zip Code

33133

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

JUDITH A. JARVIS

Judith A. Jarvis

8/7/96

Signature of person changing office or agent and the if applicable

(NOTE: Registered Agent signature required when changing agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
HERBST, RICHARD
4070 LAGUNA ST
CORAL GABLES FL 33146

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD
JARVIS, JUDITH A
4070 LAGUNA ST
CORAL GABLES FL 33146

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
SALISBURY, ANDREW
4070 LAGUNA ST
CORAL GABLES FL 33146

DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

2900 BRIDGEPORT AVE., SUITE 402

COCONUT GROVE, FL 33133

2900 BRIDGEPORT AVE., SUITE 402

COCONUT GROVE, FL 33133

D

BISHOP, JESSE

2900 BRIDGEPORT AVE., SUITE 402

COCONUT GROVE FL 33133

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE:

Judith A. Jarvis

8/7/96

305-446-1888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (3/96)