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

PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90048 013 ***150.00

DOCUMENT # P95000086397

1. Corporation Name

LYNK ENTERPRISES OF SOUTH FLORIDA, INC.

Principal Place 642 EAST 24TH	STREET	642	illing Address	·~/					
HIALEAH FL 33013 HIALEAH FL 33013							DO NOT WRITE IN THIS SE	ACE -	-
		~			**************************************		3. Date Incorporated or Qualifed 11/09/1995	ACE	
2 Principal Pl	lace of Business .	2a.	Mailing Address				4. FEI Number	TA	pplied For
21 26			,				65-0633918	N	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75	Additional
22							5. Certificate of Status Desired	Fee R	equired
City & State			City & State				6. Election Campaign Financing		May Be
23 2							Trust Fund Contribution		to Fees
Zip 24	Country Zip (25) 29 30			_	8. This corporation owes the current year totangible Personal Property Tax.			□No _	
	9. Name and Address of Curre	nt Regis					10. Name and Address of New Registered Ag	ent	
00:	IOEDOION AOUR AD		-		81	Name			
CONCEPCION AGUILAR					82	Street Add	ess (P.O. Box Number is Not Acceptable)		
642 EAST 24TH STREET				-					
HIALEAH FL 33013				83				1	
	•				84	City		85 Zip	Code
- ~-			7.1500 5].]		FL.	anging it	registered :
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 age	nt and othe i	applicable. (NOTE:	Registered	Agen	it signature requi	red when reinstating) DATE		
12.	OFFICERS AI	ND DIRE		13.		γ	ADDITIONS/CHANGES TO OFFICERS AND		
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NAME I	AGUILAR, CONCEPCION			1.2 N/					}
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: