

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

FILED

**May 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000016426 (4)

1. Corporation Name
WORLD TRADELINK, INC.



Principal Place of Business
10360 N.W. 48TH STREET MIAMI FL 33178

Mailing Address
10360 N.W. 48TH STREET MIAMI FL 33178-2247

3. Date Incorporated or Qualified
02/22/1996

3a. Date of Last Report

21	2. Principal Place of Business 8349 N.W. 36th St. #102	26	2a. Mailing Address 8349 N.W. 36th St. #102	4	FEI Number 65-0643199	Applied For
22	State, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State Miami, FL	28	City & State Miami, FL 33166	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip 33166	29	Zip 33166	7	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	Country U.S.A.	30	Country U.S.A.			

9. Name and Address of Current Registered Agent PULGAR, EDUARDO 10360 N.W. 48TH STREET MIAMI FL 33178				10. Name and Address of New Registered Agent			
				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable) 9934 N.W. 32nd St.		
				B3			
				B4	City Miami	B5	Zip Code 33178

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: **EdUARdo Pulgar** (Signature, typed or printed name of registered agent and title if applicable)
 Title: **President**
 DATE: **4/28/97**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PULGAR, EDUARDO			1.2 NAME			
STREET ADDRESS	9934 N.W. 32ND ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33178			1.4 CITY-ST-ZIP	33178		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TEDESHI, ROBERT			2.2 NAME			
STREET ADDRESS	10360 N.W. 48TH ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33178			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TEDESHI, MARIA E			3.2 NAME			
STREET ADDRESS	10360 N.W. 48TH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33178			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: **EdUARdo Pulgar** (Signature and typed or printed name of signing officer or director)
 DATE: **4/28/97**
 Daytime Phone #

CR2E034 (9/96)