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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S22032** (4)

1. Corporation Name
WORLD LINK TRADING & SHIPPING CO.

Principal Place of Business Mailing Address

**8802 NW 66 ST.
MIAMI FL 33106** **8852 NW 66 ST
MIAMI FL 33106
US**

3. Date Incorporated or Qualified 12/04/1990		3a. Date of Last Report 04/18/1994	
2. Principal Place of Business		4. FEI Number 23-0837393	
21 8852 NW 66 Street		Applied For Not Applicable	
22 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Miami FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33166		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25 DADE			
26			
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30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCINTOSH, PAULINA 550 NW 214 ST #105 N MIAMI FL 33160				61 Name			
				62 Street Address (P.O. Box Number is Not Acceptable)			
				63			
				64 City			
				FL			
				65 Zip Code			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, PAULINE	1.2 NAME	
STREET ADDRESS	550 NW 214TH ST.	1.3 STREET ADDRESS	9560 Glacier Street
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIRAMAR, FL. 33025
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, BARON	2.2 NAME	
STREET ADDRESS	550 NW 214TH ST.	2.3 STREET ADDRESS	9560 Glacier Street
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	MIRAMAR, FL. 33025
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, TRICIA	3.2 NAME	
STREET ADDRESS	550 NW 214TH ST.	3.3 STREET ADDRESS	9560 Glacier Street
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	MIRAMAR, FL. 33025
TITLE		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Pauline McIntosh 3/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date
(205) 594-0908
 0178710 CP