

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S22032** (4)

1. Corporation Name
WORLD LINK TRADING & SHIPPING CO.



Principal Place of Business: **8602 NW 66 ST. MIAMI FL 33166**
Mailing Address: **8552 NW 66 ST MIAMI FL 33166 US**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-29)
22. City & State
23. City & State
24. Zip Country
25. Zip Country

3. Date Incorporated or Qualified: **12/04/1990**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **23-0837393**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MCINTOSH, PAULINA
550 NW 214 ST #105
N MIAMI FL 33169**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, Florida Statutes, the above-named corporation hereby 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 607.0305, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
D DELETE
NAME: **MCINTOSH, PAULINE**
STREET ADDRESS: **9560 GLACIER STREET**
CITY-STATE-ZIP: **MIRAMAR FL**
D DELETE
NAME: **STEWART, BARON**
STREET ADDRESS: **9560 GLACIER STREET**
CITY-STATE-ZIP: **MIRAMAR FL**
D DELETE
NAME: **STEWART, TRICIA**
STREET ADDRESS: **9560 GLACIER STREET**
CITY-STATE-ZIP: **MIRAMAR FL**
D DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
D DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 attached form with an address.

SIGNATURE: **Pauline McIntosh** 3/13/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)