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FILED

**May 05 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 # S22032 (4) 1. Corporation Name WORLD LINK TRADING & SHIPPING CO.		



Principal Place of Business 8802 NW 66 ST. MIAMI FL 33166	Mailing Address 8552 NW 66 ST MIAMI FL 33166-2635 US
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3. Date Incorporated or Qualified 12/04/1990	3a. Date of Last Report 03/18/1996
4. FEI Number 23-0837393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8600 NW 66 ST. Suite, Apt. #, etc.	2a. Mailing Address 26 8600 NW 66 ST Suite, Apt. #, etc.
22 City & State 23 Miami, FL	27 City & State 28 Miami FL
24 Zip 33166 25 Country	29 Zip 33166 30 Country

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	
B1 Name Pauline Mcintosh	B2 Street Address (P.O. Box Number is Not Acceptable) 9560 Glacier Street
B3 MIRAMAR FL 33025	B4 City
B5 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME MCINTOSH, PAULINE	
STREET ADDRESS 9560 GLACIER STREET	
CITY - ST - ZIP MIRAMAR FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME STEWART, BARON	
STREET ADDRESS 9560 GLACIER STREET	
CITY - ST - ZIP MIRAMAR FL	
TITLE D	<input type="checkbox"/> DELETE
NAME STEWART, TRICIA	
STREET ADDRESS 9560 GLACIER STREET	
CITY - ST - ZIP MIRAMAR FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 included 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: Paulina McIntosh DATE: 4/24/97 DAYTIME PHONE #: (305) 594-0709

CR2E034 (9/96)