FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V15816 (4)

1. Corporation Name
LYNKS DATA CORPORATION

Principal Place of Business
LYNKS DATA CORPORATION
2121 PONCE DE LEON BLVD #1050
CORAL GABLES FL 33143

Mailing Address
LYNKS DATA CORPORATION
C/O B&C CORPORATE SERVICES
2121 PONCE DE LEON BLVD #2000
CORAL GABLES FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1992
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 65-0314917 ☐ Applied For ☐ Not Applicable

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

B & C CORPORATE SERVICES, INC.
175 NW FIRST AVE
SUITE 2000
MIAMI FL 33128-9965

10. Name and Address of New Registered Agent

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☒ Addition
NAME	BALDOR, RODOLFO N	1.2 NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD #1050	1.3 STREET ADDRESS	SUITE #1050
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☒ Addition
NAME	HERNANDEZ, RODOLFO	2.2 NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD #1050	2.3 STREET ADDRESS	SUITE #1050
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☒ Addition
NAME	RECIO, FRANCISCO H	3.2 NAME	
STREET ADDRESS	2121 PONCE DE LEON BLVD #1050	3.3 STREET ADDRESS	SUITE #1050
CITY-ST-ZIP	CORAL GABLES FL 33134	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		4.2 NAME	BENJAMIN FROSCH
STREET ADDRESS		4.3 STREET ADDRESS	2121 PONCE DE LEON BLVD. SUITE #1050
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 added on an attachment with an address.

SIGNATURE: _____ 4/17/95 (305) 445-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
RODOLFO HERNANDEZ - DIRECTOR

CP