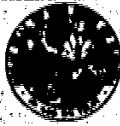


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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
C/O HES CONSTRUCTION COMPANY
2121 PONCE DE LEON BLVD SUITE #1050
CORAL GABLES FL 33143

Mailing Address
LYNKS DATA CORPORATION
C/O HES CONSTRUCTION COMPANY
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
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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

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	☐ Change ☒ Addition
NAME		4.2 NAME	DIRECTOR
STREET ADDRESS		4.3 STREET ADDRESS	BENJAMIN FROSCH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	2121 PONCE DE LEON BLVD. SUITE #1050
TITLE		5.1 TITLE	
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 report was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or on the 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 this 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 applicable, as an attached agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODOLFO HERNANDEZ - DIRECTOR

4/17/95 (305) 445-4848