

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G54532** (8)
1. Corporation Name
HARBOUR-LINK INTERNATIONAL, INC.



Principal Place of Business
**1579 LOUIS KOSSUTH AVE
BOHEMIA NY 11716**

Mailing Address
**1579 LOUIS KOSSUTH AVE
BOHEMIA NY 11716-1511**

3. Date Incorporated or Qualified
08/17/1983

3a. Date of Last Report
04/24/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 11-2672870 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 tangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**XL CORPORATE SERVICES, INC.
344 OFFICE PLAZA
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SERRAO, MARIO	1.2 NAME	
STREET ADDRESS	1579 LOUIS KOSSUTH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOHEMIA NY	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	SERRAO, SHANE	2.2 NAME	
STREET ADDRESS	1579 LOUIS KOSSUTH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOHEMIA NY	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	SERRAO, STANLEY	3.2 NAME	
STREET ADDRESS	1579 LOUIS KOSSUTH AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOHEMIA NY	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	SERRAO, JOAN	4.2 NAME	
STREET ADDRESS	1579 LOUIS KOSSUTH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOHEMIA NY	4.4 CITY - ST - ZIP	
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 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 of agent, or on an attachment.

SIGNATURE:

Joan Serrao
JOAN SERRAO
SECRETARY

3/24/97

516 567 8294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006236

CR2E034 (9/96)