


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90159 027 ***150.00

DOCUMENT # P01000110706 1. Entity Name INVERLINK INTERNATIONAL REALTY INC.	
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DO NOT WRITE IN THIS SPACE

80099324

2. Principal Place of Business 2588 SW 27TH AVE Suite, Apt. #, etc.	3. Mailing Address 2588 SW 27TH AVE. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 300002745	Applied For <input type="checkbox"/> Not Applicable
Zip 33133	Country U.S.	Zip 33133	Country U.S.

5. Certificate of Status Desired **\$8.75** Additional Fee Required.

**DO NOT WRITE
IN THIS SPACE**

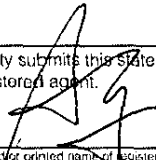
7. Name and Address of Current Registered Agent

Name **ANTONIO GARCIA**

Street Address (P.O. Box Number is Not Acceptable)
2588 SW 27TH AVE

City **MIAMI, FL** Zip Code **33133**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4-18-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEGA, JOSE CAMILO 2588 SW 27TH AVE., MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIVES, MAURICIO 2588 SW 27TH AVE., MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4-18-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #