

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

FILED

Apr 11 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 # **P96000046075 (3)**

1. Corporation Name:
A J LINK INC.



Principal Place of Business 9805 NW 52 STREET #113 MIAMI FL 33178	Mailing Address 9805 NW 52 STREET #113 MIAMI FL 33178-0610
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3. Date Incorporated or Qualified 05/23/1996	3a. Date of Last Report
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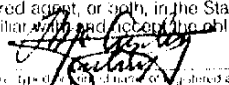
2. Principal Place of Business 21 90 Edgewater Dr. Suite, Apt. #, etc. 22 823 City & State 23 Coral Gables, FL Zip 24 33133 Country 25 U.S.A.	2a. Mailing Address 26 90 Edgewater Dr. Suite, Apt. #, etc. 27 823 City & State 28 Coral Gables, FL Zip 29 33133 Country 30 U.S.A.
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4. FEI Number 65-0670129	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 CURIEL, JOSE I 9805 NW 52 STREET #113 MIAMI FL 33178	
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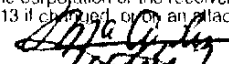
10. Name and Address of New Registered Agent 81 Name Martinez, MARIA A. 82 Street Address (P.O. Box Number is Not Acceptable) 90 Edgewater Dr. S-823 83 84 City Coral Gables FL 85 Zip Code 33133	
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11. Pursuant to the provisions of Sections 607.0502 and 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:  **MARIA A. MARTINEZ** DATE: **04/08/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME		1.2 NAME	MARIA A. MARTINEZ
STREET ADDRESS		1.3 STREET ADDRESS	90 EDGEWATER DRIVE, SUITE 823
CITY- ST- ZIP		1.4 CITY- ST- ZIP	CORAL GABLES, FL 33133
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	☐ DELETE	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 changed, or on an attachment with an address.

SIGNATURE:  **MARIA A. MARTINEZ** DATE: **04/08/97** (205) 669-2823

CR2E034 (9/96)