

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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90107 017 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000034881**

1. Corporation Name  
**DELTA LINK INTERNATIONAL, INC.**



Principal Place of Business 3725 N.W. 71ST STREET MIAMI FL 33147	Mailing Address 3725 N.W. 71ST STREET MIAMI FL 33147
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3741 NE 163 ST</b> Suite, Apt. #, etc. 22 <b>169</b> City & State 23 <b>N. MIAMI BEACH FL</b> Zip Country 24 <b>33160</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>3741 NE 163 ST</b> Suite, Apt. #, etc. 27 <b>169</b> City & State 28 <b>N MIAMI BEACH FL</b> Zip Country 29 <b>33160</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>04/18/1997</b>	4. FEI Number <b>65-0748021</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name <b>FRED LAHAM</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3741 NE 163 STREET</b>
83 <b>SUITE 169</b>
84 City <b>N. MIAMI BEACH FL</b>
85 Zip Code <b>33160</b>

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 **FRED LAHAM** (NOTE: Registered Agent signature required when reinstating)

**4-16-99** DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>LAHAM, FRED</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>3725 N.W. 71ST STREET</b>	CITY-ST-ZIP <b>MIAMI FL 33147</b>	
TITLE <b>VST</b>	NAME <b>WALTON, ELLIE</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>3725 N.W. 71ST STREET</b>	CITY-ST-ZIP <b>MIAMI FL 33147</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **FRED LAHAM** (NOTE: Registered Agent signature required when reinstating)

**4-16-99** DATE

Daytime Phone #

CR2E034 (1/198)