

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 554430 (9)

1. Corporation Name

TRANS AIR-LINK CORP.



Principal Place of Business

3501 NW 62 AVENUE BLD 1012
P.O. BOX NO. 521298
MIAMI FL 33152-8298

Mailing Address

3501 NW 62 AVENUE BLD 1012
P.O. BOX NO. 521298
MIAMI FL 33152-8298

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

3. Date Incorporated or Qualified

10/20/1977

3a. Date of Last Report

01/13/1995

4. FEI Number

59-1823375

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

BALNICKI, GAIL
16155 SW 73RD PLACE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name
Hernando Gutierrez
82 Street Address (P.O. Box Number is Not Acceptable)
630 South Mashta Drive
83
84 City
Key Biscayne FL 85 Zip Code
33149

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 607.0503, Florida Statutes.

SIGNATURE

06-10-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☒ DELETE
P	BALNICKI, GARY	16155 S W 73RD PLACE	MIAMI FL	
ST	BALNICKI, GAIL	16155 S W 73RD PLACE	MIAMI FL	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☒ Change ☐ Addition
P	GUTIERREZ, HERNANDO			
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 appointed 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-10-96

CR2E034 (12/95)