


2nd and FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

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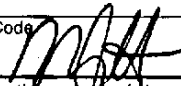
LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 98 JUL 31 PM 2:40

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
\$ 588.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000822 BARTER/LINK, L.C. 601 BRICKELL KEY DRIVE SUITE 605 MIAMI FL 33131	1a. Principal Place of Business Address 601 BRICKELL KEY DRIVE SUITE 605 MIAMI FL 33131
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2. Principal Place of Business 1050 MICHIGAN AVE Suite, Apt. #, etc. #2 City & State MIAMI BEACH FLORIDA Zip 33139 Country USA	2a. Mailing Address 1578 MADRUSA AVE Suite, Apt. #, etc. SUITE 152 City & State CORAL GABLES FLORIDA Zip 33146 Country USA	3. Date Organized or Qualified 07/30/1997	3a. State of Formation FL
		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent SAICHEK, LAWRENCE A 601 BRICKELL KEY DRIVE SUITE 605 MIAMI FL 33131	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
	MGRM DESOUZA, DOUGLAS	1645 SANDPIPER	MERRITT ISLAND, FL

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 ***188.75 ***188.75

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Douglas Desouza Date _____ Daytime Phone # _____
(Signature and Typed or Printed Name of Signing Managing Member or Manager)

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Barter/Link LLC

July 29, 1998

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam,

After receiving this second notice for the Limited Liability Company Annual Report, I assure you that I never received the first notice. The original notice was apparently sent to my registered agent, Lawrence Saichek, Esquire, but was never received.

Upon receipt of this notice, I called and spoke to one of your representatives, Michelle, who encouraged me to write this letter and enclose an amount of \$188.75.

Thank you for your consideration.

Sincerely,

MARCO SOUZA