

FILE NOW: FILING FEE IS \$61:25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000003071
1. Corporation Name
The Silent Link Society INC

Principal Place of Business: 2619 N.W. 22 Ct, Miami, Fla 33142
Mailing Address: 4747 Hollywood Blvd, Suite 208, Hollywood Fla 33021

3. Date Incorporated or Qualified: 6/22/94
3a. Date of Last Report: 4/21/97
4. FEI Number: 65-0500286
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

2. Principal Place of Business: 21 2619 N.W. 22 Ct., Suite, Apt #, etc. 22 Miami Fla
2a. Mailing Address: 26 4747 Hollywood Blvd, Suite, Apt #, etc. 27 208
23 City & State: Miami Fla
28 City & State: Hollywood FL
24 Zip: 33042 25 Country: USA 29 Zip: 33021 30 Country: USA

9. Name and Address of Current Registered Agent: Rev. Luis Orpessa, 2619 N.W. 22 Ct, Miami, Fla 33142
10. Name and Address of New Registered Agent: 81 Name: Rev. Luis Orpessa, 82 Street Address (P.O. Box Number is Not Acceptable): 2619 N.W. 22 Ct Miami Fla, 83, 84 City: Miami FL, 85 Zip Code: 33142

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: *Rev. Luis Orpessa* (Signature, typed or printed name of registered agent and title if applicable) *Rev. Luis Orpessa Pres.* (NOTE: Registered Agent signature required when reinstating) DATE: 3/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rev. Luis Orpessa	1.2 NAME	
STREET ADDRESS	2619 N.W. 22 Ct	1.3 STREET ADDRESS	
CITY - ST - ZIP	Miami Fla 33142	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DELETED	2.1 TITLE	
NAME	Heidi Payne	2.2 NAME	
STREET ADDRESS	1115 N. Park Road	2.3 STREET ADDRESS	
CITY - ST - ZIP	Hollywood, FL 33021	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DELETED	3.1 TITLE	
NAME	Secretary/Dri Jeffrey Feldman	3.2 NAME	
STREET ADDRESS	14215 N.E. 11 CT. #204	3.3 STREET ADDRESS	
CITY - ST - ZIP	Miami B. FL 33162	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DELETED	4.1 TITLE	300001778859
NAME	Treasurer/Dri Orlando Romeo	4.2 NAME	-04/12/96--01086--005
STREET ADDRESS	7911 N.W. 172 Street	4.3 STREET ADDRESS	***70.00
CITY - ST - ZIP	PSN. FL. 33169	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DELETED	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DELETED	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *Rev. Luis Orpessa* (Signature and typed or printed name of signing officer or director) DATE: 3/29/96 DAYTIME PHONE #: (305) 802-8382

CR2E037 (12/95)