

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 04 1997 8:00am
Secretary of State

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N94000003071 (7)
1. Corporation Name
THE SILENT LINK SOCIETY, INC.



| | |
|---|---|
| Principal Place of Business 2619 NW 22ND CT MIAMI FL 33142-8406 | Mailing Address 4747 HOLLYWOOD BLVD. STE 208 HOLLYWOOD FL 33021-6503 US |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/22/1994 | 3a. Date of Last Report 04/12/1996 |
|--|--|

| | | | |
|---|---|-------------|-------------|
| 21. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip | 24. Country | 25. Country |
|---|---|-------------|-------------|

| | |
|--|--|
| 4. FEI Number 65-0500286 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

OROPESA, LUIS REV
2619 NW 22 CT.RD
MIAMI FL 33142

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | OROPESA, LUIS REV |
| STREET ADDRESS | 2619 NW 22ND CT |
| CITY-ST-ZIP | MIAMI FL 33142-8406 |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | FELDMAN, JEFFREY |
| STREET ADDRESS | 16215 NE 18TH CT #204 |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33162 |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | PAYNE, HEIDI S. |
| STREET ADDRESS | 1115 N PARK RD |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 |
| TITLE | TD <input type="checkbox"/> DELETE |
| NAME | ROMEU, ROLANDO |
| STREET ADDRESS | 7911 NW 172ND ST |
| CITY-ST-ZIP | PALM SPRINGS N FL 33169 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

[Handwritten signatures and notes]