

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000060829 (7)

1. Corporation Name

TRANS ATLANTIC LINK, CORP.



Principal Place of Business

15405 S.W. 77 CT.  
MIAMI FL 33157  
US

Mailing Address

15405 SW 77 CT.  
MIAMI FL 33157  
US

2. Principal Place of Business

21 4132 NW 55 PLACE

Suite, Apt. #, etc.

22

City & State

23 BOCA RATON, FLORIDA

Zip

24 33496

Country

25 USA

2a. Mailing Address

26 4132 NW 55 PLACE

Suite, Apt. #, etc.

27

City & State

28 BOCA RATON, FLORIDA

Zip

29 33496

Country

30 USA

3. Date Incorporated or Qualified

08/31/1993

3a. Date of Last Report

06/14/1995

4. FEI Number

65-0434518

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

MR. CLAUDIO CORREIA  
15405 S.W. 77 CT.  
MIAMI FL 33157

10. Name and Address of New Registered Agent

81

Name

CLAUDIO CORREIA

82

Street Address (P.O. Box Number is Not Acceptable)

4132 N.W. 55th PLACE

83

BOCA RATON

84

City

BOCA RATON

FL

85

Zip Code

33496

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

CLAUDIO CORREIA

(Signature, typed or printed name of registered agent and how it applies)

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DPS  
CORREIA, CLAUDIO  
STREET ADDRESS  
15405 SW 77 COURT  
CITY - ST - ZIP  
MIAMI FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
DPS  
CORREIA, CLAUDIO  
1.3 STREET ADDRESS  
4132 N.W. 55th PLACE  
1.4 CITY - ST - ZIP  
BOCA RATON, FLORIDA 33496

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CLAUDIO CORREIA

4/1/96

(407) 9976434

CR2E034 (12/95)