

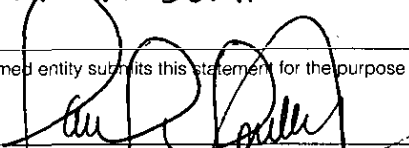
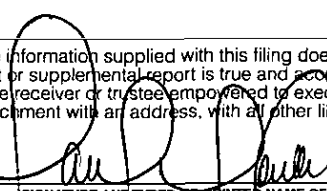
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082863

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name ABRI-LINK INTERNATIONAL INC				DO NOT WRITE IN THIS SPACE																																																																																																													
Principal Place of Business 10125 N.W. 116 th WAY SUITE #18 MIAMI FLORIDA 33178 U.S.		Mailing Address 10125 NW 116 th WAY SUITE #18 MIAMI FLORIDA 33178 U.S.																																																																																																															
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		4. FEI Number 65-0452408																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MOUTTET, NICHOLAS 15627 SW 97 th TERRACE MIAMI FL 33196																																																																																																															
7. Name and Address of New Registered Agent Name: MOUTTET, PAUL G Street Address (P.O. Box Number is Not Acceptable): 10125 N.W. 116 th WAY STE #18 City: MIAMI FL Zip Code: 33178		8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:																																																																																																															
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																													
11. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PRESIDENT</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOUTTET, NICHOLAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15627 SW 97th TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FLORIDA 33196</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VICE PRESIDENT</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOUTTET, PAUL G.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1230 S.W. 116th WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33029</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PRESIDENT	<input checked="" type="checkbox"/> Delete	NAME	MOUTTET, NICHOLAS		STREET ADDRESS	15627 SW 97 th TERRACE		CITY-ST-ZIP	MIAMI FLORIDA 33196		TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Delete	NAME	MOUTTET, PAUL G.		STREET ADDRESS	1230 S.W. 116 th WAY		CITY-ST-ZIP	PEMBROKE PINES, FL 33029		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PRESIDENT</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MOUTTET, PAUL G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1230 S.W. 116th WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FLORIDA 33029</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VICE PRESIDENT</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MOUTTET, NICHOLAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15627 S.W. 97th TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33196</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MOUTTET, PAUL G		STREET ADDRESS	1230 S.W. 116 th WAY		CITY-ST-ZIP	PEMBROKE PINES, FLORIDA 33029		TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MOUTTET, NICHOLAS		STREET ADDRESS	15627 S.W. 97 th TERRACE		CITY-ST-ZIP	MIAMI FL 33196		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																	
SIGNATURE:  PRESIDENT 4/3/00 305 887 0612																																																																																																																	

CR2E034 (9/99)