FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000008882 (0)**

1. Corporation Name
DIGITAL LINK, INC.

Principal Place of Business	Mailing Address
~~9445 S.W. 113 PLACE~~ ~~MIAMI FL 33165~~	~~9445 S.W. 113 PLACE~~ ~~MIAMI FL 33165~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7118 N.W. 72 Avenue	26 7118 N.W. 72 Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, Florida	28 City & State: Miami, Florida
24 Zip: 33166 25 Country: Dade	29 Zip: 33166 30 Country: Dade

4. FEI Number: 65-0464413 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SARRAFF, CARLOS M~~ ~~9445 S.W. 113 PLACE~~ ~~MIAMI FL 33165~~	81 Name: SARRAFF, Carlos M. 82 Street Address (P.O. Box Number is Not Acceptable): 7118 N.W. 72 Avenue 83 84 City: Miami FL 85 Zip Code: 33166

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SARRAFF, CARLOS M	12 NAME	SARRAFF, Carlos M	
STREET ADDRESS	~~9445 S.W. 113 PLACE~~	13 STREET ADDRESS	7118 N.W. 72 Avenue	
CITY-ST-ZIP	MIAMI FL 33165	14 CITY-ST-ZIP	Miami, Florida 33166	
TITLE	~~TD~~	21 TITLE		☐ Change ☐ Addition
NAME	~~BUSI, LEONARDO~~	22 NAME		
STREET ADDRESS	~~9445 S.W. 113 PLACE~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL 33165~~	24 CITY-ST-ZIP		
TITLE	~~SD~~	31 TITLE	VP/SD	☒ Change ☐ Addition
NAME	GANDULFO, ANIBAL J	32 NAME	GANDULFO, Anibal J.	
STREET ADDRESS	~~9445 S.W. 113 PLACE~~	33 STREET ADDRESS	7118 N.W. 72 Avenue	
CITY-ST-ZIP	~~MIAMI FL 33165~~	34 CITY-ST-ZIP	Miami, Florida 33166	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ APR 25 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CARLOS M. SARRAFF/President

0178124 CP