SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000034162 (5)

FAST LINK CORPORATION

Principal Place of Business									
1023 S.W. 11TH ST.									

2. Principal Place of Business

Mailing Address

1023 S.W. 11TH ST. MIAMI FL 33129

2a. Mailing Address

26

FILED Sep 17 1997 8:00am Secretary of State



3. Date Incorporated or Qualified

05/05/1994

65-0490790

DO NOT WRITE IN THIS SPACE

3a. Date of Last Report

Applied For

Not Applicable

Sulte, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional					
22	27					· · · · · · · · · · · · · · · · · · ·		Fee Rec	<u></u>	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to			
Zip	Country	Zip	Cour	Country		8. This corporation owes or has paid the current year Intangible				
24	25	29	30			Personal Property Tax due June 30. Yes No				
	9. Name and Address of Current	.		10. Name and Address of New Ro	gistered	Agent				
CRUZ, HERNAN 1023 S.W. 11TH ST. MIAMI FL 33129				81 N	lame					
				82 Street Address (P.O. Box Number is Not Acceptable)						
				83						
				B4 C	ity			85 Zip C	ode	
							<u> </u>			
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 reinstating) DATE										
12.	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere				gnature required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	NIPECTOR	1 2 1/1 2	
TITLE	DST OFFICERS AND			1.1 TITLE		ADDITIONS/CHANGES TO GITT	OLIIO KIN	Change	Addition	
NAME	CRUZ, HERNAN			1.2 NAME				[
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NAME	CRUZ, HERNAN		2.2 NAM							
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NAME			6.2 NA	ME						
STREET ADDRESS			6.3 STA	REET ADD	RESS					
CITY-ST-ZIP			6.4 CIT	Y-ST-7	P					
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.										