FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000034162 (5)

FAST LINK CORPORATION

FILED Mar 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							_		1 100	NIBOL HIÐ TÆKKI ÐIÐU EÐ				
1023 S.W. 11TH ST. 1023 S.W. 11TI					ST.			ł						
MIAMI FL 33129			MIAMI FL 33129							50.1107	Manager			
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								1		· .	annea			i
9 Principal P	lace of Business		20	Mailing Address					4. FEI Num	5/1994			1 1	Applied For
21	idos or Businoss		26	Milling Address						0490790			_ 	of Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.										Additional
22				27					5. Certifica	te of Status Desi	red		•	Required
City & State				City & State					6. Election	Campaign Finan	cina	<u></u>	\$5.00) May Be
23			28	28				į	1	nd Contribution				to Fees
Zip		Country		Zip	Co	untry			8. This cor	poration owes or	has paid	the curre	ent year li	ntangible
24	25		29		30					J Property Tax du				No No
		Address of Current	Registe	ered Agent		ļ.,			10. Name a	nd Address of N	lew Regi	stered A	gent	
	RUZ, HERNAN					81	Na	rwe	. ,					
1023 S.W. 11TH ST.							Street Address (P.O. Box Number is Not Acceptable)							
M	IIAMI FL 33129									* *				··- -
						83								
						84	Cit	ty					85 Zip	Code
		·		<u> </u>								<u> FL</u>		
11. Pursuant office or r	to the provisions of egistered agent of	of Sections 607.0502 or both in the State (and 601 of Florida	7.1508, Florida Statu a. Such change was Section 607.0505, Fl	les, the a authoriza	above ad by	-nan	ned corpora corporation	ation submits	s this statement fo directors. I hereby	or the pui	rpose of a	changing intment a	its registered
agent. I a	m fa miliar with, ar	id accept the obliga	tions of,	Section 607.0505, FI	orida Sta	atutes	š.							
SIGNATURE				·										
12.	Signature, typed or prin	OFFICERS AND			E: Register		nt sign	nature required w	when reinstating)	NS/CHANGES TO	OFFICE	DATE DC AND	NECTO	DC IN 12
TITLE	DST	OFFICE NO ANI	LINECT	DELETE		IITLE			ADDITION	NO/CHANGES TO	OFFICE	NO AND	Change	Addition
NAME	CRUZ, HEF	MAN				NAME		1			1	•		
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	MIAMI FL 3				- 1			COG			_			
CITY-ST-ZIP TITLE	P	3128		DELETE		HTY-ST	1- <i>I</i> IP		···				Change	Addition
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CITY-ST-ZIP						HTY-ST								
TITLE				DELETE	61 T					***************************************			Change	Addition
NAME					6.2 N	IAME								
STREET ADDRESS					6.3 9	TREET	ADDRE	ESS						Ì
CITY-ST-ZIP		4			i i	ITY-ST								j
	ertify that the info	multic supplied wit	h this fdo	no does not qualify f				stated in Sec	ction 119.076	(3)(i). Florida Stat	utes I fu	rther cert	fy that the	e information

emprisorphysical with this timing does not quality for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the information is discontinental 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 ration of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address.