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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Kathering Harris.

Secretary of State

FILED May 13, 1999 8:00 am Secretary of State

***150.00

1999	DIVISION OF CORPORATIONS	Secretary or
DOCUMENT # P940	00034162	05-13-1999 90017 040
FAST LINK CORP.		
Principal Place of Business	Mailing Address	
101 NE 28th St. MIAMI, FL. 33137	"SAME"	DO NOT WRITE IN THIS SPA

rincipal Place of Bu	Isiness	Mailing Address							
101 NE 2 MIAMI, F		"SAME	11			DO NOT WRITE II	N THIS SPA	CE	
	L. 99197					3. Date Incorporated or Qualifed	1 1110 31 70		
						1			
Desire of Disease of		10-11-9-11-9				05/05/94			
. Principal Place of	Business	2a. Mailing Address				4. FEI Number	ł		Applied For
<u> </u>		26				65-0490790			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional Required
City & State	=	City & State				6. Election Campaign Financing	\$	5.0	0 May Be
i		28				Trust Fund Contribution		Added	d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current y			٠. ١
i	25	29	30			Personal Property Tax.		es	
9. 1	Name and Address of Current	t Registered Agent				10. Name and Address of New Regis	tered Agen	<u>t</u>	
HERNAN	CRUZ			81	Name	N/A			
1023 SW 11th St.				82	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL. 33129				83					
				84	City		FL 85	Zir	Code
office or register	provisions of Sections 607.0502 ed agent, or both, in the State of liar with, and accept the obligati	of Florida. Such change was	authorized	by t	named corporation	ation submits this statement for the purp 's board of directors. I hereby accept the	ose of chang	ing it	ts registered registered
HENNIURE				_					
Signature	e, typed or printed name of registered agent	and title if applicable (NOT	TE: Registered.	Agent	signature required w	rhen reinstating) D	ĀTE		

	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12			
-	HERNAN CRUZ	□ DELETE	1.1 TITLE	Change	Addition			
_			1.2 NAME					
_ : ADDRESS	1023 SW 11th St.		1.3 STREET ADDRESS					
ST-ZIP	MIAMI, FL. 33129		1.4 CITY-ST-ZIP					
		DELETE	2,1 TITLE	Change	Addition			
_			22 NAME					
. FADDRESS			2.3 STREET ADDRESS					
ST-ZIP			2.4 CITY-ST-ZIP					
_		DELETE	3.1 TITLE	☐ Change	Addition			
-			3.2 NAME					
AUDRESS			3.3 STREET ADDRESS		j			
ST-ZIP			34. CITY-ST-ZIP		}			
		☐ DELETE	4.1 TITLE	☐ Change	Addition			
į			4.2 NAME		l			
I ADDRESS			4 3 STREET ADDRESS					
ST ZIP			4.4 CITY-ST-ZIP					
		☐ DELETE	5.1 TITLE	☐ Change	Addition			
ļ			5.2 NAME		}			
_T ADDRESS			5.3 STREET ADDRESS		[
ST-ZIP			5.4 CITY-ST-ZIP					
		□ DELETE	6.1 TITLE	☐ Change	Addition \			
			6.2 NAME		}			
_i address.			63 STREET ADDRESS		ļ			
ST ZIP			64 CITY-ST-ZIP	_				

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 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, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)