

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

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

05-13-1999 90017 040 ***150.00

DOCUMENT # P94000034162

1. Corporation Name

FAST LINK CORP. ✓

Principal Place of Business

Mailing Address

101 NE 28th St.
MIAMI, FL. 33137

"SAME"

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/94

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-7490790 ✓

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HERNAN CRUZ
1023 SW 11th St.
MIAMI, FL. 33129

10. Name and Address of New Registered Agent

81 Name

N/A

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

i. 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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☐ Addition

HERNAN CRUZ
1023 SW 11th St.
MIAMI, FL. 33129

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

☐ Change ☐ Addition

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☐ Change ☐ Addition

1. ADDRESS
ST-ZIP

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ST-ZIP

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1. ADDRESS
ST-ZIP

1. ADDRESS
ST-ZIP

1. ADDRESS
ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)