FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

96 AUG 27 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000034949 (5)**

1. Corporation Name
ATLANTIC CARIBBEAN INTERNATIONAL LINK COMPANY, INC.

Principal Place of Business
3208 SYDNEY RD
PLANT CITY FL 33564

Mailing Address
3208 SYDNEY RD
PLANT CITY FL 33564

3. Date Incorporated or Qualified: **05/05/1994**
3a. Date of Last Report: **08/30/1995**

2. Principal Place of Business
21 1104-A S. 78 St
Suite, Apt #, etc.
22
City & State
23 TAMPA - Florida
Zip 24 336
Country 25

2a. Mailing Address
26 same
Suite, Apt #, etc.
27 —
City & State
28
Zip 29 —
Country 30 —

4. FEI Number: **65-0503321** 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
CURRY, CLIFTON C JR
LAVIVA PROFESSIONAL CENTER
750 WEST LUMSDEN
BRADON FL 33511

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) same
83
84 City
FL 85 Zip Code

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 Luis A. Faria (President) 8/26/96
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when appointed) DATE

12. OFFICERS AND DIRECTORS

TITLE	D President	☐ DELETE
NAME	FARIA, LUIS A	
STREET ADDRESS	3013 AVALON TERRACE DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D Vice-President	☐ DELETE
NAME	REYES, MARCEL DR	
STREET ADDRESS	16018 WYNDOVER RD	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D Treasurer	☐ DELETE
NAME	MORONTA, JOSE	
STREET ADDRESS	15210 AMBERLY DR., APT 1517	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D Secretary	☐ DELETE
NAME	FARIA, SILVESTRE M	
STREET ADDRESS	209 BRYAN OAKS	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

500001935415
-08/29/96--01015--009
****233.75 ****233.75

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

A. Alter 8-23-96

CR2E034 (12/95)

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)(k), 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: Luis A. Faria 8/26/96 813-612-9618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #