

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

FILED
May 16 1997 8:00am
Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
1997

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

DOCUMENT # P94000034949 (5)
 1. Corporation Name
ATLANTIC CARIBBEAN INTERNATIONAL LINK COMPANY, I NC.



Principal Place of Business Mailing Address
1104-A SOUTH 78 STREET **1104-A SOUTH 78 STREET**
TAMPA FL 33647 **TAMPA FL 33618-4752**

3. Date Incorporated or Qualified 3a. Date of Last Report
05/05/1994 **08/23/1996**

4. FEI Number Applied For
65-0503321 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

2. Principal Place of Business 2a. Mailing Address
 21 **1104-A South 78 St.** 26 **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
 City & State City & State
 23 **Tampa - FL** 28
 Zip Country Zip Country
 24 **33619** 25 **Hillsboro** 29 30

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)
 83
 84 City 85 Zip Code
FL

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 (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FARIA, LUIS A	
STREET ADDRESS	3013 AVALON TERRACE DR.	
CITY - ST - ZIP	VALRICO FL 33594	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	REYES, MARCEL DR	
STREET ADDRESS	16018 WYNDOVER RD	
CITY - ST - ZIP	TAMPA FL 33647	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MORONTA, JOSE	
STREET ADDRESS	15210 AMBERLY DR., APT 1517	
CITY - ST - ZIP	TAMPA FL 33647	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FARIA, SILVESTRE M	
STREET ADDRESS	209 BRYAN OAKS	
CITY - ST - ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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*****165.00**

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, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR X 5/1/97 813 612 9618

CR2E034 (9/96)