

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Martinez  
Secretary of State  
1750 N.W. 25th Avenue, Tallahassee, FL 32304

APPROVED  
08/22/94

DOCUMENT # **P94000062832 (8)**

AVA CORPORATE LINK INC.

08/22/1994

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 175 FONTAINEBLEAU BLVD. 1D MIAMI FL 33172  
Mailed Address: 175 FONTAINEBLEAU BLVD. 1D MIAMI FL 33172

DATE OF FILING IN THIS SPACE

|   |                                |
|---|--------------------------------|
| 3. Date of Period of Report   | 3a. Date of Last Report        |
| 08/22/1994  |                                |
| 4. FID Number   | Applied For                    |
| 65-0522659  | Not Applicable                 |
| 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| <input type="checkbox"/>  |                                |
| 6. Election Campaign Financing  | \$5.00 May Be Added to Fees    |
| Trust Fund Contribution <input type="checkbox"/>  |                                |
| 7. The corporation has liability for intangible tax under S. 1910.02, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

|                                |                            |
|--------------------------------|----------------------------|
| 2. Principal Place of Business | 2a. Mailed Address         |
| 21. 175 FONTAINEBLEAU BLVD     | 26. 175 FONTAINEBLEAU BLVD |
| 22. State: 2L3                 | 27. State: 2L3             |
| 23. City: MIAMI FL             | 28. City: MIAMI FL         |
| 24. Zip: 33172                 | 29. Zip: 33172             |
| 25. County:                    | 30. County:                |

9. Name and Address of Current Registered Agent

ROSTANT, AVA  
175 FONTAINEBLEAU BLVD, 1D  
MIAMI FL 33172

10. Name and Address of New Registered Agent

|  |                            |
|--|----------------------------|
| B1. Name   |                            |
| B2. Street Address (P.O. Box Number if that is applicable) | 175 FONTAINEBLEAU BLVD 2L3 |
| B3. City   |                            |
| B4. State  | FL                         |
| B5. Zip Code   |                            |

11. I, the undersigned, as the person in charge of the home office of the corporation, certify that the above named corporation is duly organized under the laws of the State of Florida, and that the above named corporation is duly qualified to do business in the State of Florida, and that the above named corporation is duly qualified to do business in the State of Florida, and that the above named corporation is duly qualified to do business in the State of Florida, and that the above named corporation is duly qualified to do business in the State of Florida.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| NAME           | D ROSTANT, AVA         |
| Street Address | 1525 MERIDIAN AVE, 210 |
| City           | MIAMI BEACH FL 33139   |
| STATE          |                        |
| NAME           |                        |
| Street Address |                        |
| City           |                        |
| STATE          |                        |
| NAME           |                        |
| Street Address |                        |
| City           |                        |
| STATE          |                        |
| NAME           |                        |
| Street Address |                        |
| City           |                        |
| STATE          |                        |

13. ADDRESS CHANGES, ELECTIONS, AND DELETIONS

|                |                             |   |
|----------------|-----------------------------|---|
| NAME           |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| Street Address | 9405 203 FONTAINEBLEAU BLVD |   |
| City           | MIAMI, FL 33172             |   |
| STATE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |   |
| Street Address |                             |   |
| City           |                             |   |
| STATE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                             |   |
| Street Address |                             |   |
| City           |                             |   |
| STATE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and is qualified for the exemption stated in Section 1910.02, Florida Statutes. I further certify that the information included in 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 a director of the corporation. The inclusion of this information is required by Chapter 667, Florida Statutes, and that my name appears in Block 12 or Block 13, changed or corrected, if applicable.

SIGNATURE: *Ava Rostant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$28.95 (305) 221-5990