

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000019021 (1)

1. Corporation Name

FINANCIAL INTERLINK, CORP.

Principal Place of Business

550 SW 115TH AVENUE UNIT C-6  
MIAMI FL 33174

Mailing Address

550 SW 115TH AVENUE UNIT C-6  
MIAMI FL 33174



3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

2. Principal Place of Business

21 2550 NW 72nd Ave

Suite, Apt. #, etc.

22 Suite 107

City & State

23 Miami, FL

Zip

24 33122

Country

25 None

2a. Mailing Address

26 2550 NW 72nd Ave

Suite, Apt. #, etc.

27 Suite 107

City & State

28 Miami, FL

Zip

29 33122

Country

30 None

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

SUAREZ, IBELICE  
550 SW 115TH AVENUE UNIT C-6  
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name

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

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

Signature, typed or printed name of registered agent and their address

(NOTE: Registered Agent Signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

PRES  
IBELICE SUAREZ  
2550 NW 72nd Ave # 107  
Miami, FL 33122

Change Addition

2. TITLE  
3. NAME  
4. STREET ADDRESS  
5. CITY-ST-ZIP

Change Addition

3. TITLE  
4. NAME  
5. STREET ADDRESS  
6. CITY-ST-ZIP

Change Addition

4. TITLE  
5. NAME  
6. STREET ADDRESS  
7. CITY-ST-ZIP

Change Addition

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP

Change Addition

6. TITLE  
7. NAME  
8. STREET ADDRESS  
9. CITY-ST-ZIP

Change Addition

7. TITLE  
8. NAME  
9. STREET ADDRESS  
10. CITY-ST-ZIP

Change Addition

8. TITLE  
9. NAME  
10. STREET ADDRESS  
11. CITY-ST-ZIP

Change Addition

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP

Change Addition

10. TITLE  
11. NAME  
12. STREET ADDRESS  
13. CITY-ST-ZIP

Change Addition

11. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP

Change Addition

12. TITLE  
13. NAME  
14. STREET ADDRESS  
15. CITY-ST-ZIP

Change Addition

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY-ST-ZIP

Change Addition

14. TITLE  
15. NAME  
16. STREET ADDRESS  
17. CITY-ST-ZIP

Change Addition

15. TITLE  
16. NAME  
17. STREET ADDRESS  
18. CITY-ST-ZIP

Change Addition

16. TITLE  
17. NAME  
18. STREET ADDRESS  
19. CITY-ST-ZIP

Change Addition

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY-ST-ZIP

Change Addition

18. TITLE  
19. NAME  
20. STREET ADDRESS  
21. CITY-ST-ZIP

Change Addition

19. TITLE  
20. NAME  
21. STREET ADDRESS  
22. CITY-ST-ZIP

Change Addition

20. TITLE  
21. NAME  
22. STREET ADDRESS  
23. CITY-ST-ZIP

Change Addition

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

Change Addition

22. TITLE  
23. NAME  
24. STREET ADDRESS  
25. CITY-ST-ZIP

Change Addition

23. TITLE  
24. NAME  
25. STREET ADDRESS  
26. CITY-ST-ZIP

Change Addition

24. TITLE  
25. NAME  
26. STREET ADDRESS  
27. CITY-ST-ZIP

Change Addition

25. TITLE  
26. NAME  
27. STREET ADDRESS  
28. CITY-ST-ZIP

Change Addition

SIGNATURE:

IBELICE SUAREZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96  
Date

Extra Fee

CR2E034 (12/95)