

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

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May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000062154 (6)**
1. Corporation Name
STARLINK TELECOMMUNICATIONS TECHNOLOGIES, INC.



Principal Place of Business P. O. BOX 7041 BOCA RATON FL 33431 US	Mailing Address P. O. BOX 7041 BOCA RATON FL 33431 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1701 W. HILLSBORO BLVD Suite, Apt. #, etc. 22 302 City & State 23 DEERFIELD BEACH, FL Zip 24 33442 Country 25 USA		2a. Mailing Address 26 1701 W. HILLSBORO BLVD Suite, Apt. #, etc. 27 302 City & State 28 DEERFIELD BEACH, FL Zip 29 33442 Country 30 USA		3. Date Incorporated or Qualified 08/10/1995	4. FEI Number 65-0600971 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**LAMPERT, SCOTT L ESQ.
1701 WEST HILLSBORO BLVD.
SUITE 302
DEERFIELD BEACH FL 33442**

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

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	GOLESTANI, JIAN	1.2 NAME	GOLESTANI, JIAN
STREET ADDRESS	3474 N UNIVERSITY DRIVE, SUITE 516	1.3 STREET ADDRESS	1701 W. HILLSBORO BLVD, Suite 302
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Jian Golestani

April 23rd 1998

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