

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000064289 (8)

1. Corporation Name

FINE LINK CORPORATION



Principal Place of Business

Mailing Address

**825 SOUTH BAYSHORE DRIVE
SUITE 1847
MIAMI FL 33131**

**825 SOUTH BAYSHORE DRIVE
SUITE 1847
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21 999 Brickell Avenue

26 999 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1006

27 Suite 1006

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Zip

Country

Country

24 33131

25 USA

29 33131

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/18/1995

3a. Date of Last Report

4. FEI Number

65-0602346

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

10. Name and Address of New Registered Agent

**BAIER, KIRSTEN I
825 SOUTH BAYSHORE DRIVE
SUITE 1847
MIAMI FL 33131**

81. Name

BAIER, KIRSTEN I.

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

999 Brickell Avenue

83.

Suite 1006

84. City

Miami

FL

85.

Zip Code

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]

DATE

7-30-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1. TITLE	☐ Change ☒ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

**P/S
Predrag Galovic
c/o 999 Brickell Avenue, Ste 1006
Miami, Florida 33131**

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:

[Signature]

President/Secretary

7-30-96

(305) 372-0288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)