SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000075022 (0) **DOCUMENT #** PAK LINK COMMUNICATIONS, INC. Mailing Address Principal Place of Business 1001 W. JASMINE DRIVE. SUITE H 1001 W. JASMINE DRIVE. SUITE H LAKE PARK FL 33403 LAKE PARK FL 33403 3. Date Incorporated or Qualified 3a. Date of Last Report 09/28/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-06138 26 21 \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Country Zici Ζφ Yes 🛂 No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent J. Olowin, CPA 81 **CAITAL CONNECTION, INC.** 417 E. VIRGINIA STREET, SUITE 1 82 TALLAHASSEE FL 32301 83 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes the above-named corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. or proposed upon and the diappin mile 27×11 $\{c_{1}\} \cap \{C_{2}\} \mapsto \alpha \mid A \mid b \in \mathcal{C}(A) \cap \{a_{1}, a_{2}\} \cap \{a_{2}\} \cap \{a_{2$ SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8) OFFICERS AND DIRECTORS 13 12 Adultion DELETE 1.1 TiTLE TITLE CR2E034 ELAHI, NADEEM 1.2 NAME NAME NORREBROGADE 18B I-T-V- 2200 KBH-N 1.3 STREET ADDRESS STREET ADDRESS DENMARK 1.4 CITY - \$1 - 7IP CITY-ST-ZIP Change Addition DELETE 21 11111 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CATY - ST. ZIP CITY - S! - 7iF Change Addition DELETE 3 1 THTLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City - S1 - ZIP CITY - ST - ZIP Change Addition DELETE 4.1 THE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CHTY - ST ZIP

6.4 Ci*Y - \$1 - ZIP 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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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ACUNT 8/2/96 561-881-9735

Change Addition

Change Addition