

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

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97 MAY -1 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000029817

1. Corporation Name

MIAMI INTERNATIONAL LINK, INC.

Principal Place of Business

Mailing Address

2300 CORAL WAY
SUITE # 200
MIAMI, FL. 33145

2300 CORAL WAY
SUITE # 200
MIAMI, FL. 33145

3. Date Incorporated or Qualified
04/10/1996

3a. Date of Last Report

2. Principal Place of Business

21 2300 CORAL WAY

2a. Mailing Address

26 2300 CORAL WAY

4. FEI Number
65-0657420

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 200

27 SUITE # 200

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

24 33145

25 US

Zip

Country

29 33145

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE # 200, CANTELOP BLDG.
MIAMI, FL. 33145

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

AMADA CANTERA LOPEZ, PRES

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P/
BAZAN, LUIS A
6914 NW 50th. Street
Miami, FL 33166

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
600002167306--0
-05/06/97--01063--008
*****165.00 *****165.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
600002167306--0
-05/06/97--01063--009
*****8.75 *****8.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
600002167306--0
-05/06/97--01063--009
*****8.75 *****8.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.93(4)(b), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS A. BAZAN - President

DATE