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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029817

APPROVED. AND

98 APR -1 AM 9: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporatio	on Name	·′ ()			
MTAMT	INTERNATIONAL LINK I	'NC			
FILAMI	INIERNATIONAL LINE I	.140 •			
Principal Place of Business Mailing Address					
2300 CORAL WAY 2300 CORAL WAY					
SUITE #200 SUITE # 200				DO NOT WRITE IN THIS SPACE	
MIAMI FLORIDA 33145 MIAMI FLORIDA 33145				3. Date Incorporated or Qualified	
				04 -10-1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
[2]	CORAL WAY	26 2300 CORAL	WAY	65-0657420	Not Applicable
Suite. Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 SUITE		27 SUITE # 200 City & State			
23 MIAMI FLORIDA		MIAMI FLORIDA		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the d	
24 3314	·	29 33145	30 US.	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current			10. Name and Address of New Registers	id Agent
FLORIDA ANNUAL REPORT SERVICES INC.					
60 Street Address (D.O. Oak Number in Net Accomptible)					
2300 CORAL WAY, SUITE # 200					
MLANI FLORIDA 33145					
84 City					85 Zip Code
	XXXIII O		L		
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					
age∩t. I a	im familiar with, and accept the obligati	ons of, Section 607.0505, F	forida Statutes.		2/0-/00
SIGNATURE			A CANTERA LOP		a/25/78
12.	Signature typed or printed name of registered agent OFFICERS AND		TE: Registered Agent signature re	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P/D/ BAZAN LUIS A.	DELETE	1.1 TITLE	1.0011.01.01.01.01.01.01.01.01.01.01.01.	Change Addition
NAME	1482508.W. 100 LANE		1.2 NAMÉ		
STREET ADDRESS	MIAMI FLORIDA 33186		1.3 STREET ADDRESS	500002478	3958
CITY-ST-ZIP			1.4 CITY - ST - ZIP	-04/03/981	
TIFLE		☐ DELETE	2.1 TITLE	****150.00	****** □ □ Pddition
NAME			2.2 NAME		
STREET ADDRESS	·		2.3 STREET ADDRESS		Į
CITY-ST-ZIP	•		2. 4 CITY - ST - ZIP		
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STREET ADDRESS			1.3 STREET ADDRESS		; j
CITY-S - ZIP		☐ DELETE	3.4. GITY - ST - ZIP 4.1 TITLE		Change Addition
1 1			4.1 TILE 4. 2 NAME		CT Guidide CT Hilliam 1
NAME & STREET ADDRESS			4.3 STREET ADDRESS		i
			4.4 CITY - ST - ZIP		
CITY - ST - ZIP TITLE		DELETE	5.1 TITLE		Change Addition
NAME	}		5.2 NAME		<u>-</u>
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	<u> </u>	☐ DELETE	6.1 TITLE		Change Addition
NAME		-	6.2 NAME	\0\u\\	
STREET ADDRESS			5.3 STREET ADDRESS	Dr	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	₹	Ì
	anifu that the information avanting with	Air filian goes ant qualify f		in Section 119 07/3Vi) Florida Statutes Liuther	control that the information

I hereby certify that the information supplied with fhis filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 fection for trostee ampowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed in on an attachment with an address.

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