2000	UNIFORM BUSI	NESS REPU	<u> </u>	JDK/	<u>'</u>					
DOCUMENT # P9600029817 1. Entity Name MIAMI INTERNATIONAL LINK, INC.						FILED LEURETARY OF STATE LISTON OF CORPORATIONS				
							00 H	ARIL PM	2: 44	
Principal Place of Business Mailing Address					-		0011		Name 1 117	
2300 CORAL WAY SUITE 200 MIAMI FL 33145		2300 CORAL WAY SUITE 200 MIAMI FL 33145-3511				1 10011001 1CO 10110 O	11) 4 2 111 2 2 111 2 2 111 2	8(28)(818 (818) 1818)	(8() (43) (13)	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FE	El Number 65	0657420	N	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Ce	ertificate of Status	Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent		lame	7. Na	ame and Address	of New Registe	ered Agent		
TI OPIDA ANNUAL PEDORT OFDIAGES INC					ress (P.O. Bo	x Number is Not A	Acceptable)			
2300 CORAL WAY SUITE 200										
	Al FL 33145	City			 _	FL Zip Code				
8. The above named entity sybritis this statement for the purpose of changing its registered office or re					gistered age	nt, or both, in the	State of Florida.	· <u>-</u>		
SIGNATURE _	Signature, typed or printed name of registered agent.	AL AN	ADA CA	ANTER <i>I</i>	A LOPEZ	, PRES.	3/9	9/00 DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW After MAY 1, 2			00 Fee wil	l be \$556	0.00	10. Election Ca Trust Fund (mpaign Financin Contribution.	+	00 May Be d to Fees	
11.	OFFICERS AND		12.		ADC	DITIONS/CHANGI	S TO OFFICERS		RS IN 11	
TITLE NAME STREET ADDRESS	PD Bazan, Luis A 14325 S.W. 100 Lane	☐ Delete	TITLE NAME STREET A	l l	La A Lill ammunitte de				23 220	
CITY-ST-ZIP	MIAMI FL 33186	Delete	CITY-ST-	-ZIP	1631	101	<u> </u>	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET A	- 1	٢					
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET A CITY-ST-					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET A	ODRESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	TITLE NAME STREET A CITY-ST-					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-					☐ Change	☐ Addition	
13. I hereby of indicated of the corphanged, SIGNAT	certify that the information supplied with on this report or supplemental report is reportation or the receiver or trustee emp, or on an attachment with an address.	strue and eccurate and that no control of the control of execute this report with a control of the control of t	ny signature as required	otion stated e shall hav I by Chapt	d in Section 1 re the same la ter 607, Florid	19.07(3)(i), Florid egal effect as if mi la Statutes; and th	age under oain; lat my name app	ner certify that the that I am an office ears in Block 11	or Block 12 if	