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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000074179 (8)

INTERNATIONAL SHIPPING LINK, INC.

Principal Place of Business

1250 & HARBOR OITY BLVD. SUITE 30 Mailing Address

1250 S. HARBOR CITY BLVD. SUITE 30 FILED Apr 03 1997 8:00am Secretary of State



SUITE SO MELBOURNE FL	. 32901	SUITE 30 MELBOURNE FL 32901-3241		3. Date Incorporated or Qualified	3a Da	te of Last	Report	
·				09/01/1996	3a. Date of Last Report			
. ,	ace of Business	2a. Mailing Address			4. FEI Number		<u></u>	Applied For
21 1250	S.HARBOR STE 30	SAME A	S A	BOVE	59-3399701			Not Applicable
	BOURNE STE 30	Suite, Apt. #, etc. MELBOURNE - FLORIDA		5. Certificate of Status Desired	red \$8.75 Additional Fee Required			
City & State 23 MELI	BOURNE	City & State 28 MELBOURN			Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip 32	901 25 U.S.A.	Zip .	Country	-5-17		Yos [] No	s. 199.032,
		Registered Agent		_ ·	10. Name and Address of New Re	detered A	gent	
	HZAD, TARIO		81	Name		1°3/1	7	
	FLOWER TREE CIRCLE		82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
WELL	BOURNE FL 32935		83			<u> </u>		
42 1	A		84	City		FL	85 Zı	p Code
agent. I ar	egistered agent, or both, in the State of in familiar with, and accept the obligation of the obligation of the obligatio	ons of, Section 607.0505, Florida and fille if explicable. (NOTE: Reg	Statuto	y the corporations. Signature required		t the appoint	ointment a	is registered
12.	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
NAME	MESIDEN T TARIO SHAHZAD IASO: SHARBOR CIT MELBOURNE	□ DELETE	1.1 THLE 1.2 NAME				Change	Addition
STREET ADDRESS	lasor STATIKBOR CIT	TISON YE SO	1.3 STREET			•	ı	
CITY-ST-ZIP TITLE	MELBOURNE 1	-L-52501	1.4 City - S 2.1 Title	51 - ZIP			Change	Addition
NAME			2.2 NAME				Unanyt	Muuliui
STREET ADDRESS		i	2.3 STREET					
CITY+ST-ZIP			2.4 City-:					
TITLE		DELETE	31 THLE	51-211			Change	Addition
NAME	·		3.2 NAME	1 .				
STREET ADDRESS			3.3 STHEET	ADDRESS				
CITY-ST-ZIP		l	3 4. CITY -	S1-7IP				
TITLE .		☐ DELETE	4.1 TITLE				Change	Addition
NAME		l l	4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP		1	4.4 CITY - 9	51 - ZIP				
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS		ľ	5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CHY-S	ST- 21P				
TITLE			6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			64 Crity-S					
	y portify that the information agent ad	Oth this Clies stops and another for			n Contino 110 07/3/(i) Florida Statidos	I fushor	1 (f.) 4 (s.)	

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under eath; that 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 chapted, or on an attachment with an address.

CIGNATUDE.

10 using the ATTHE

3/5/97

407-728-8833