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PROFIT CORPORATION annual report



FLORIDA DEPARTMENT OF STATE

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Mar 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

MAMS

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed, or o

CITY - \$1 - 70

DOCUMENT # P96000094245 (3)

DATA LINK TECHNOLOGIES AND EXPORT SERVICES, INC.

Principal Place of Business Mailing Address 7545 N.W. 70TH STREET 7545 N.W. 70TH STREET MIAMI FL 33166 MIAMI FL 33166-2815 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-07125 Not Applicable 26 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State: 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Z_{iD} Country This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FERNANDEZ, CRISTINA P ss (P.O. Box Number is Not Acceptable) 2311 S.W. 89TH COURT 82 MIAMI FL 33165 84 City Zio Code Miami 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 item familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE of registered agent and fit out applicable (NCITE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. Addition Change TITLE DELETE 1.1 TITLE ⁄ronderos, fabio 1.2 NAME NAME 7545 N.W. 70TH STREET 1.3 STREET ADDRESS STEET ADDRESS **MIAMI FL 33166** 1.4 CITY - ST - ZIP CHI1-ST 7IF DELETE Change Addition TITLE 2.1 TITLE MAM 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CHT+ST ZIP DELETE Change Addition TITLE 3.1 TITLE NAM 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C:TY - \$1 - 71P 3.4. CITY-ST-2(P DELETE Change Addition 4.1 TITLE THEF 4. 2 NAME 4.3 STREET ADDRESS STREET ADOLESSS 4.4 CITY-ST-21P City - St. 74P DELETE Addition 5.1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST-ZIP CITY- ST-7-1 DELETE 6 1 TITLE Change Addition T-TEF

6.2 NAME

6.3 STREET ADDRESS

3/10/97

8533311

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and cated 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