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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094245

1. Corporation Name

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90102 007 ***150.00

DATA LIN	NK TECHNOLOGIES AND	EXPOR	IT SERVICES,	INC							
Principal Place	of Business	Ma	iling Address	<u> </u>				### #### #############################); 40)][[10][1]	5+11 4(\$14	IEI I 1921 \$111 [84]
7545 N.W. 70TH STREET MIAMI FL 33166		754S N.W. 70TH STREET MIAM! FL 33166				DO NOT WRITE IN THIS SPACE					
	•						3. Date Incorporated or 0	Qualifed			
							11/14/1996				
2. Principal Pla	ace of Business	2a.	Mailing Address				4. FEI Number				Applied For
21		26					65-0712534				Not Applicable
Suite, Apt. #	‡, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status De	esired			5 Additional Required
City & State	· · · · · · · · · · · · · · · · · · ·		City & State				6. Election Campaign Fir	nancing		\$5.0	0 May Be
23		28	·				Trust Fund Contribution				d to Fees
Zip	Country		Zip	P	untry		8. This corporation owes	the curre	•		
24	25	29		30			Personal Property Tax		 	Yes	□No
	9. Name and Address of Curre	ent Regist	tered Agent		-		10. Name and Address	of New Re	egistered A	gent	
ADIA	e mien				81	Name					
	.S, LUIS M :5 S.W. 206 ST.		,		82	Street Ad	ldress (P.O. Box Number is Not	Acceptat	ole)		
	/II FL 33177			•	83	<u> </u>		=			
					84	City			FL	85 Z	ip Code
						s-Hallieu cu					
office or re agent. I ar SIGNATURE	n familiar with, and accept the obligation.	e of Florid gations of,	a. Such change w. Section 607.0505.	as autnorize , Florida Sta	tutes.	tne corpora	proration submits this statemention's board of directors. I here	by accept	t the appoin	tment as	. registered
office or re agent. I ar SIGNATURE	registered agent, or both, in the state of familiar with, and accept the obliging signature, typed or printed name of registered agent of the state	e of Florid pations of, pent and title if	a. Such change W. Section 607.0505.	as autnorize , Florida Sta	d Agent	tne corpora	ation's board of directors, Friere	by accept	DATE DATE		. Tegistered
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CITY-ST-ZIP 14. I 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 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, with all other like empowered.

SIGNATURE:

305-8836749