

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000037432 (6)

1. Corporation Name

LATIN GOLF LINK, INC.

Principal Place of Business

1143 OBISPO AVE  
CORAL GABLES FL 33134

Mailing Address

1143 OBISPO AVE  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1997

4. FEI Number

65-0752013

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 700 Navarre Avenue

Suite, Apt. #, etc.

22

City & State

23 Coral Gables, Florida

24 Zip

33134

25 Country

Dade

2a. Mailing Address

26 700 Navarre Avenue

Suite, Apt. #, etc.

27

City & State

28 Coral Gables, Florida

29 Zip

33134

30 Country

Dade

9. Name and Address of Current Registered Agent

FULTON, STACEY  
1143 OBISPO AVE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Stacey Nilton

82 Street Address (P.O. Box Number is Not Acceptable)

700 Navarre Avenue

83

84 City

Coral Gables

FL

85 Zip Code

33134

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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Stacey Nilton*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-98

12. OFFICERS AND DIRECTORS

TITLE: OFFICER  
NAME: John Fulton  
STREET ADDRESS: 700 Navarre Ave.  
CITY-ST-ZIP: Coral Gables, FL 33134

☐ DELETE

TITLE: ☐ DELETE  
NAME: ☐ DELETE  
STREET ADDRESS: ☐ DELETE  
CITY-ST-ZIP: ☐ DELETE

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CITY-ST-ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 my address.

SIGNATURE: *Sandra B. Mortham*

4-16-98 305-593-8896

CR2E034 (10/97)