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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000022003

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90091 007 ***150.00

AMERICA	A'S LINK, CORP.						
Principal Place	e of Business	Mailing Addres	SS .		1 19011991 150 10381 191(1 00311 00115 00151 00)	IE:68 (III) I 98 1
6746 NW 192 LN 6746 NW 192 LN MIAMI FL 33015 MIAMI FL 33015			N		DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed	<u></u>	
					03/09/1998	1 1.	
2. Principal Pla	ace of Business	2a. Mailing Add	dress		4. FEI Number 65 - 08 22 774	·	olied For t Applicable
Suite, Apt. 7	#, etc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired	\$8:75 A Fee Red	
City & State	9	City & Stat	e		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip		Country	This corporation owes the current year		
24	25	29	30	•	Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agen			10. Name and Address of New Registere	ed Agent	
400	CDO 1/41/COAO 141/7ED E			81 Name			
	edo vanegas, javier e ' NW 192 LN			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	AI FL 33015			83			
				84 City		85 Zip C	ode
					prporation submits this statement for the purpose		rogistored
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such cha	ange was author	rized by the corpora	ation's board of directors. I hereby accept the ap	pointment as reg	gistered
•	m rammar with, and dooopt the oon	gations of, Section of	7.0505, Florida :	Statutes.			
SIGNATURE	Signature, typed or printed name of registered a			stered Agent signature requ			
SIGNATURE	Signature, typed or printed name of registered a		(NOTE: Regis		uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. AND DIRECTORS	(NOTE: Regis	stered Agent signature requ		AND DIRECTO	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A D AGREDO VANEGAS, JAVIER	gent and title if applicable. AND DIRECTORS	(NOTE: Regis	stered Agent signature requ			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A D AGREDO VANEGAS, JAVIER 6747 NW 192 LN	gent and title if applicable. AND DIRECTORS	(NOTE: Regis	stered Agent signature requ 13. 1.1 TITLE			
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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 manual 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 changes for on an attachment with an attorness, with all other like empowered. CITY-ST-ZIP

SIGNATURE: