0273711 FILE NOW: FILING FEE AF2 R 100 march Scott Date PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris FILED NSTOTEMENT ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 150 199<u>9</u> 99 JAN - 3 PM 3:28 DOCUMENT 298000093179 1. Corporation Name RETARY OF STATE GLOBAL LINK COMMUNICATIONS, INC. Mailing Address Principal Place of Business 10311 SW 56TH STREET 10311 SW 56TH STREET MIAMI FL 33165 MIAMI FL 33165 3. Date Incorporated or Qualifed 11/03/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 1515 NW 167 Sheet *65-08*7325 Not Applicable 1515 NW 167 Street 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. П 5. Certifcate of Status Desired Fee Required SUITE 27 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees OTIOA Trust Fund Contribution MIA 28 Zip Zip Country This corporation owes the current year Intangible Country 8. □No ANG ☐ Yes 331 33169 29 30 Personal Property Tax. 25 ワムウビ 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CAST, LOUIS F Street Address (P.O. Box Number is Not Acceptable) 82 10311 SW 56TH STREET **MIAMI FL 33165** 83 Zip Code 84 City 85 Fl 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 eppointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 27/99 SIGNATURE astered Agent signature required when reinstating) Signature (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 🗌 Change Addition DELETE PTSD 11 TTT E TITLE **CR2E034** DELGADO, WILLIAM 1.2 NAME NAME 300003103903--2 19994 E COUNTRY CLUB DRIVE 1.3 STREET ADDRESS STREET ADDRES: -01/20/00--01024--017 AVENTURA FL 33180 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE ٧D TITLE 2.2 NAME ARTETA, JESUS NAME 19994 E COUNTRY CLUB DRIVE 2.3 STREET ADDRESS STREFT ADORESS AVENTURA FL 33180 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE VD TITLE ELGADD, JOSE A 994 E. COUNTAY CLUB DAINE DELGADO, JOSE A 3.2 NAME NAME 3.3 STREET ADORESS STREFT ADDRESS NENTURA FL 331PO 3.4. CITY- ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 51 TID E TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 out; that I an 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. (305) 430-895T IQUIRED 12-17-99 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME

OFFICER OR DIRECTOR