

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90104 046 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # K25461

1. Corporation Name
INTERLINK-18, INC.

Principal Place of Business

8333 WEST MCNAB ROAD
220
TAMARAC FL 33321
US

Mailing Address

8333 WEST MCNAB ROAD
SUITE 220
TAMARAC FL 33321
US

2. Principal Place of Business

21 2801 N. PALM AIRE DRIVE
Suite, Apt. #, etc.

22 Apt # 201 - Bldg. 7

23 City & State
POMEREO BEACH - Broward - FL

24 Zip
33061

25 Country
BROWARD

2a. Mailing Address

26 2801 N. PALM AIRE DRIVE
Suite, Apt. #, etc.

27 Apt # 201 - Bldg. 7

28 City & State
POMEREO BEACH - FLA

29 Zip
33061

30 Country
BROWARD

3. Date Incorporated or Qualified

06/06/1988

4. FEI Number

66-0054370

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MENDIOLA, CARMEN R
1815 SW 22ND ST
FT LAUDERDALE FL 33315

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME MARAVI, RAUL
STREET ADDRESS RIO JANEIRO 385
CITY-ST-ZIP LIMA PE

TITLE S ☐ DELETE

NAME GARCIA, ENRIQUE
STREET ADDRESS 8333 WEST MCNAB RD #125
CITY-ST-ZIP TAMARAC FL 33321

TITLE P ☐ DELETE

NAME LUIS BONILLA
STREET ADDRESS TORRE BAZAR BOLIVAR, P. #3
CITY-ST-ZIP EL MARQUEZ - CARACAS - VENEZUELA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

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

CR2E034 (11/98)