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

DOCUMENT # M62961

1. Corporation Name

TRANSLINK INC.

·	
Principal Place of Business	Mailing Address
300 N.W. 183RD STREET	300 N.W. 183RD STREET
MIAMI EL 33160-1464	MIAMI FL 33169.1464

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90279 016 ***150.00



MIAMI FL 33103-1404 MIAMI FL 33103-1404		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed
1					11/24/1987
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0015187 Not Applicable
Suite, Apt.	# etc	Suite, Apt, #, etc.			\$8.75 Additional
⊢ ¬	, oto.	27			5. Certificate of Status Desired Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
⊢ ¬ '		<u>⊢</u> , *			Trust Fund Contribution Added to Fees
Zip ·	Country	Zip	Count	D/	
	$\overline{}$	<u> </u>	_	',	8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No
24	25		<u> </u>		10. Name and Address of New Registered Agent
	9. Name and Address of Curren	Registered Agent	-	1 Name	10. Name and Address of New Registered Agent
BAILEY, ABE A			Name		
i .	0 NW 2ND AVENUE		8	2 Street	Address (P.O. Box Number is Not Acceptable)
			L	 	
	FLOOR		8	3	
MIAN	II FL 33163		R	4 City	85 Zip Code
			۱۳	- City	FL South
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the abo	ve-named	corporation submits this statement for the purpose of changing its registered
office or re agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth ions of, Section 607.0505, Florid	norized b a Statute	y the corpo es.	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Ri	egistered Ag	ent signature r	required when reinstating) DATE .
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	LEWIS, ANDREW		1.2 NAME		
STREET ADDRESS	9021 S.W. 54 ST.		1.3 STRE	ET ADORESS :	
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY	ST-7IP	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, LOLLITA		2.2 NAME		
[9021 S.W. 54 ST.			ET ADDRESS	
STREET ADDRESS					
CITY-ST-ZIP	COOPER CITY FL	☐ DELETE	2.4 CITY		Change Addition
TITLE	D	(Defets	3.1 TITLE		Change C Dagmon
NAME	LEWIS, CONRAD		3.2 NAME		
STREET ADDRESS	9021 S.W. 54 ST.		3.3 STRE	ET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL		3.4. CITY	-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	·	Change Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	:	
STREET ADDRESS			5.3 STRE	ET ADDRESS	
: I			5.4 CITY-	ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	1	☐ Change ☐ Addition
		C 000015	6.2 NAME		
NAME			,		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			6.4 CITY-		<u> </u>
14. I hereby o	ertify that the information supplied wit	h this filing does not qualify for th	e exemp	ation 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: