

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90285 014 ***150.00

DOCUMENT # P96000062390 (5)

1. Corporation Name

MONEYLINK CORPORATION

Principal Place of Business
1840 W. 49TH STREET
STE. 229
HIALEAH, FL. 33012

Mailing Address
1840 W. 49TH STREET
STE. 229
HIALEAH, FL. 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/25/1996

2. Principal Place of Business
21 900 W. 49 STREET

2a. Mailing Address
26 900 W. 49 STREET

4. FEI Number
65-0686660

Applied For
Not Applicable

Suite, Apt. #, etc.
22 STE. 408

Suite, Apt. #, etc.
27 STE. 408

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 HIALEAH, FL.

City & State
28 HIALEAH, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country
24 33012 25 USA

Zip Country
29 33012 30 USA

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RUANO, JOSE A
8909 NW 189 TERRACE
MIAMI, FL. 33018

10. Name and Address of New Registered Agent

81 Name RUANO, ADELKYS
82 Street Address (P.O. Box Number is Not Acceptable)
1325 W. 68 ST. , APT. 417
83
84 City HIALEAH FL 85 Zip Code 33014

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.

ADELKYS RUANO

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	RUANO, ADELKYS	
STREET ADDRESS	8909 NW 189 TERRACE	
CITY-ST-ZIP	MIAMI, FL. 33015	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RUANO, JOSE A.	
STREET ADDRESS	8909 NW 189 TERRACE	
CITY-ST-ZIP	MIAMI, FL. 33015	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RUANO, ADELKYS	
1.3 STREET ADDRESS	1325 W 68 ST. , APT. 417	
1.4 CITY-ST-ZIP	HIALEAH, FL. 33014	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUANO, ADELKYS	
2.3 STREET ADDRESS	1325 W. 68 ST. , APT. 417	
2.4 CITY-ST-ZIP	HIALEAH, FL. 33014	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADELKYS RUANO

4/26/99
Date

(305) 919-9911
Daytime Phone #

CR2E034 (11/98)