


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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90173 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000078302					
1. Corporation Name MAILINK, INC.					
Principal Place of Business 4201 AURORA ST SUITE 32465 CORAL GABLES FL 33146 US			Mailing Address 4201 AURORA ST SUITE 32465 CORAL GABLES FL 33146 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0715579	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
VALDES, LARRY 4201 AURORA ST SUITE 32465 CORAL GABLES FL 33146			81. Name ALBERTO ROCCA SOMMERKAMP		
			82. Street Address (P.O. Box Number is Not Acceptable) 4201 Aurora Street		
			83. City		
			84. City Coral Gables FL 85. Zip Code 33146		
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 (NOT Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE PST PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME ALBERTO ROCCA SOMMERKAMP					
1.3 STREET ADDRESS 4201 Aurora Street					
1.4 CITY-ST-ZIP Coral Gables, FL 33146 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.1 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME VERONICA ROCCA					
2.3 STREET ADDRESS 4201 AURORA STREET <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.4 CITY-ST-ZIP Coral Gables, FL 33146 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					

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 867, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

305 448-1030

Daytime Phone #

CR2E034 (11/98)