

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90106 006 ***150.00

DOCUMENT # P97000010918

1. Corporation Name
LINGUA-LINK, INC.

Principal Place of Business
17683 S.W. 19TH STREET
MIRAMAR FL 33029

Mailing Address
17683 S.W. 19TH STREET
MIRAMAR FL 33029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1997

4. FEI Number
65-0734601

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

2. Principal Place of Business

21 5455 SW. 8 ST.

Suite, Apt. #, etc.

22 205

City & State

23 MIAMI, FLORIDA

Zip Country

24 33134

2a. Mailing Address

26 5455 SW. 8 ST

Suite, Apt. #, etc.

27 205

City & State

28 MIAMI FLORIDA

Zip Country

29 33134

9. Name and Address of Current Registered Agent

GUARCH, J. M JR. ESQ
ARAN CORREA & HUARCH, P.A.
710 S. DIXIE HIGHWAY
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name SERGIO PEREZ
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 of this corporation 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 of current or former registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PEREZ, SERGIO
STREET ADDRESS 17683 S.W. 19TH STREET
CITY-ST-ZIP MIRAMAR FL 33029

TITLE D ☐ DELETE

NAME CARDARELLI, MARIA T
STREET ADDRESS 17683 S.W. 19TH STREET
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 5455 SW. 8 ST. SUITE 205
1.4 CITY-ST-ZIP MIAMI, FL 33134

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 5455 SW 8 ST SUITE 205
2.4 CITY-ST-ZIP MIAMI, FL 33134

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Date

Daytime Phone #

3/13/99

954-812-1809

CR2E034 (1/98)