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PROFIT CORPORATION ANNUAL REPORT

1999

NETLINK INC.



DOCUMENT # P97000097850

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90077 005 ***150.00



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Principal Place of Business Mailing Address 10130 SW 79 COURT 10130 SW 79 COURT MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/17/1997 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Country Zip **⊉**No 30 Personal Property Tax. 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name TOBAR, JORGE 10130 SW 79 COURT Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33156 84 85 Zip Code City .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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition ☐ Change DELETE 1.1 TITLE TITLE TOBAR, JORGE 1.2 NAME NAME 10130 SW 79 COURT 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33156 1.4 CITY+ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE ☐ Change 4.1 TITLE TILE 4. 2 NAME NAME. 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 14 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 suppliemental 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)