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

**PROFIT** CORPORATION ANNUAL REPORT 1999 1.: Corporation Name DOT-LINKS Principal Place of Business 20320 NW 33CT. MIAMI FL. 33056

SIGNATURE: 7

	FLORIDA DEPARTMENT OF STATE
	Katherine Harris
	Secretary of State
	THE PROPERTY OF CORPORATIONS

DIVISION OF CORPORATIONS

DOCUMENT # P 9800000 5205 INC

> Mailing Address 20320 NW 33CT MIAMI FL. 33056

May 24, 1999 8:00 am Secretary of State

05-24-1999 90010 035 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

To 1 I Die o of Reselvans	2a. Malling Address	-	4. FEI NUMBER 0110 12	2	
Principal Place of Business	26		65-884012	Not Ap	pplicable
Dulle Ant of oto	Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Add	
Suite, Apt. #, etc.	27				
Oli . Chata	City & State		6. Election Campaign Financing	\$5.00 Ma	,
City & State	28		Trust Fund Contribution	Added to F	ees
Zin Country	Zip	Country	8. This corporation owes the curre	int year Intengible	Mo
, <sup>219</sup>	29 30		Personal Property Tax.		<del></del>
- Land Address of Current		10. Name and Address of New R	adizielen wäeur		
MATARO ADE 20320 NW 339 MIAMI FL. 32	81 Name				
MA JAW MDE	82 Street Address (P.O. Box Number Is Not Acceptable)				
20320 NW 330	63				
20, 2-11 TEL 35	""				
///////// / L. 22	84 City FL 85 Zip Code				
			"	-d changing lines	gistered
Pursuant to the provisions of Sections 607.050     office or registered agent, or degree that the obligate.	2 and 607,1508, Florida Statules,	the above-namer corporation	on's hoard of directors. I hereby accer	it the appointment as regis	stered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	tions of, Section 607.0505, Florida	a Statutes.			ļ
~ NAWATH	0 1			5-17-99 DATE	
SIGNATURE Signature, typed or printed name of registered age:		gistered Agent algorithm remain	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	S IN 12
12. OFFICERS AN	ID DIRECTORS	13. 1,1 TITLE		Сhaпge	[] Addition
TITLE P		12 NAME			
NAME MAJARO HDE	-way-2	·-			
1.90220 1.07 33 0/		1.3 STREET ADDRESS			
STREET ADDRESS MIAMI PL.	3200	1.4 CITY-ST-ZIP		Change	Addition
TITLE D -	DELETE	2.1 TITLE			ļ
	DIRAN	2.2 NAME			
STREET ADDRESS 20320 NW 33.	BCT	23 STREET ADDRESS			_
CITY ST ZP MI AMI Fh.	33056	2.4 CITY-ST-ZIP		Change	Addition
IME	☐ DELETE	3.1 TITLE			
NAME .		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS		<del></del>	
CITY-ST-ZIP	DELETE	3.4. CITY-ST-ZEP		Change	
TITLE	Cherese	4, 2 NAME			
NAME		43 STREET ADDRESS			
STREET ADDRESS		1			
CITY-ST-ZIP	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	
TITLE	[ ] DELETE	52 NAME			•
NAME		5.3 STREET ADDRESS			į
STREET ADDRESS		5.4 CITY-ST-ZIP			<del></del>
CITY-ST-ZIP	DELETE	6.1 Title		Change	C:
TILE	C Secure	6.2 NAME			4
NAME		6.3 STREET ADDRESS			•
STREET ADDRESS		!		,	
CITY-ST-ZIP  14. I hereby certify that the information supplied	with this filling does not qualify for	the exemption stated i	n Section 119.07(3)(I), Florida Statute	s. I further codily that the automode under cath: that	l am an
14. I hereby certify that the information supplied indicated on this annual report or supplement officer or director of the corporation or the re Block 12 or Block 13 if changed, or on an after the corporation or the re				es; and that my name app	)ears fit