PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 22, 1999 8:00 am Secretary of State

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DOCUMENT	# P9800004104	47

Corporation Name

INTERLINK INTERNATIONAL, INC.						
Principal Place of Business	Malling Address			6 IRM LIMA) INN Thrus latter matti antri antri	11 A BFIT BINGS 11M11 AD110 A	1981 (88) 1681
3750 NW 87 AVE	3750 NW 87 AVE					
STE 250	STE 250				<b></b>	
MIAMI FL 33178 MIAMI FL 33178				DO NOT WRITE IN	THIS SPACE	
				3. Date Incorporated or Qualifed		ļ
				04/28/1998		miled Sec
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	` <del>  </del>	plied For t Applicable
21	26			(0.5-001112C)	\$8.75 A	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b></b>		5. Certificate of Status Desired	→ r:Fee Re	
22	City & State		<del></del>	The second secon	\$5.00	<del></del>
City & State	<del> </del> 1			Election Campaign Financing     Trust Fund Contribution	Added to	
Zip Country	28   Zip	Coun	trv	8. This corporation owes the current y		
24 25	29	30	,	Personal Property Tax.	Yes	□No
9. Name and Address of Currel		. [		10. Name and Address of New Regis	tered Agent	
9. Intillia and Indoorded on addition		1	81 Name			
ZAPATA, JOSE R		L.	20 05> 4-1	(D.O. Day Number in Not Accordable)		
3750 NW 87 AVE		['	B2 Street Ad	dress (P.O. Box Number is Not Acceptable)		}
STE 250		h	93	· · · · · · · · · · · · · · · · · · ·		
MIAMI FL 33178						
		1	B4 City		FL 85 Zp C	
Pursuant to the provisions of Sections 607.05t office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations.	02 and 607.1508, Florida Stat of Florida. Such change was ations of, Section 607.0505, F	utes, the abo authorized l lorida Statut	ove-named corpora by the corpora es.	rporation submits this statement for the purpution's board of directors. I heraby accept the	ose of changing its appointment as reg	registered pistered
SIGNATURE Signature, typed or printed name of registered age	ent and table if applicable. (NO	TE: Registered A		ared when reinstating) D.	ATE	l
SIGNATURE Signature, hyped or printed name of registered age 12. OFFICERS AI	ent and title if applicable. (NO ND DIRECTORS	TE: Registered A	gent signature requi		ATE RS AND DIRECTO	l
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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 path; that I am an officer or director of the corporation or the paceiver 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 officer, with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

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