

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90160 030 ***150.00

DOCUMENT # P98000046025

1. Corporation Name

TRANSLINK INTERNATIONAL CORP.

Principal Place of Business

915 N.W. 1ST AVENUE, 2411
MIAMI FL 33136

Mailing Address

915 N.W. 1ST AVENUE, 2411
MIAMI FL 33136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1998

4. FEI Number

☒ 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 17092 COLLINS AVE.

2a. Mailing Address

26 17092 COLLINS AVE

Suite, Apt. #, etc.

22 SUITE 100

Suite, Apt. #, etc.

27 SUITE 100

City & State

23 SUNNY ISLES BEACH

City & State

28 SUNNY ISLES BEACH

Zip

24 33160

Country

25 USA

Zip

29 33160

Country

30 USA

9. Name and Address of Current Registered Agent

SIPPRELL, MATTHEW F
915 N.W. 1ST AVENUE, 2411
MIAMI FL 33136

10. Name and Address of New Registered Agent

81 Name

ELLEN IHARA

82 Street Address (P.O. Box Number is Not Acceptable)

17092 COLLINS AVE. #c-100

83

84 City

SUNNY ISLES BEACH, FL

85 Zip Code

33160

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/5/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DIRECTOR
NAME ELLEN IHARA
STREET ADDRESS 17092 COLLINS AVE. SUITE 100
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

17092 COLLINS AVE. SUITE 100

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SUNNY ISLES BEACH, FL 33160

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ 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 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 #

5/5/99 (954) 450-4512

0271619

CR2E034 (1/98)