03-11-1999 90171 008 \*\*\*150.00

## 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** 

## DOCUMENT # ME1405

<ol> <li>Corporation</li> </ol>	NO INVESTMENTS, INC.	<b>)</b>					
Principal Place of Business Mailing Address					I LOOT BASS INT AND LINES AS AND INTER AND	0(31) 010)) PIE) O	
15805 W. PRESTWICK PLACE MIAMI LAKES FL 33014		15805 W. PRESTWICK PLACE MIAMI LAKES FL 33014 US		DO NOT WRITE IN TH.	IS SPACE		
		<b></b>			3. Date Incorporated or Qualifed 05/05/1987		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	olied For
21 26					59-2806510	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22		27	27		5. Certifcate of Status Desired	Fee Rec	quired
City & Stat	9	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added to	Fees	
Žip	Country	Zip	Zip Country		8. This corporation owes the current year I		
24 25 29			Personal Property Tax. Yes No			∐No	
	9. Name and Address of Currer	it Registered Agent		·	10. Name and Address of New Registere	d Agent	
ADE	LIANO IECHEA D		81	Name		•	
ARELLANO, JESUSA R			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
15805 W. PRESTWICK PLACE MIAMI LAKES FL 33014							
MIM	ALLANES FL 33014		83				
			84	City		85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				'	F		
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change was aut tions of, Section 607.0505, Florid	horized by da Statutes	the corporat	tion's board of directors. I hereby accept the app	ointment as reg	istered
12. OFFICERS AND DIRECTORS			13.	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1			RS IN 12
TITLE	PD DELETE		1,1 TITLE			Change	☐ Addition
NAME	ARELLANO, JESUSA R.		1.2 NAME				
STREET ADDRESS	0.0 M 40 OT		1.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP				
TITLE			2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	LAGGE O DESCUI DIAM		2.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 CITY-ST-ZIP				
TITLE	V DELETE		3.1 TITLE		,	Change	☐ Addition
NAME	BONILLA, PAUL		3.2 NAME				
STREET ADDRESS	15805 W PRESTWICK PL		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI LAKES FL		3.4. CITY-ST-ZIP				
TITLE	ST	☐ DELETE 4.1				Change	☐ Addition
NAME	BONILLA, MARIA		4. 2 NAME				ł
STREET ADDRESS	15805 W PRESTWICK PL		4.3 STREET	T ADDRESS		•	
CITY-ST-ZIP	MIAMI LAKES FL		4.4 CITY-5	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	TADORESS			ĺ
CITY-ST-ZIP	:		5.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	j			
STREET ADDRESS			6.3 STREET	F ADDRESS			ł

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZiP

**SIGNATURE:** 

308-556-3920