

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 07, 1999 8:00 am  
Secretary of State

09-07-1999 90012 043 \*\*\*550.00

DOCUMENT # P93000059475 V

CORPORATION NAME  
BIG INVESTMENTS OF MIAMI, INC.



Principal Place of Business  
NW 43RD ST  
MI FL 33142

Mailing Address  
3728 NW 43RD ST  
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		26 20051 NE 37 Court		08/25/1993	
City & State		27 Suite, Apt. #, etc.		4. FEI Number	
Zip		28 Aventura, FL		65-0463000	
Country		29 33180		Applied For	
25		30 USA		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
SMOLER, BRUCE J		81 Name		<input type="checkbox"/> \$8.75 Additional Fee Required	
100 SE 2ND ST		82 Street Address (P.O. Box Number is Not Acceptable)		6. Election Campaign Financing	
SUITE 3940		83		<input type="checkbox"/> \$5.00 May Be Added to Fees	
MIAMI FL 33131		84 City		8. This corporation owes the current year	
		FL		Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
		85 Zip Code			

Pursuant to the provisions of sections 607.0502 and 607.1608, 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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D GROLL, PAUL		1.1 TITLE	
3728 NW 43RD ST		1.2 NAME	
MIAMI FL 33142		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D GROLL, CHERYL		2.1 TITLE	
3728 NW 43RD ST		2.2 NAME	
MIAMI FL 33142		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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 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 in 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 any attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

8/20/99 (305) 685-1101

CR2E034 (5/99)