**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90040 029 \*\*\*158.75

1. Corporation	MENT # <b>P95000</b> NO ART FACTORY, INC.	019350					
Principal Place	e of Business	Mailing Address				1010 1 <b>6106</b> 111	OF OTHER BOOK 1881
221 S.W. 136TH AVE. 221 S.W. 136TH AVE.							
MIAMI FL 33184 MIAMI FL 33184					DO MOT WIDTE IN THE	SDACE	
					DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed	SPACE	
					03/09/1995		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	17	Applied For
21 26					65-0563021		Not Applicable
		Suite, Apt. #, etc.	Apt. #, etc.		5. Certificate of Status Desired		Additional
27							Required
City & State City & State					6. Election Campaign Financing		O Mấy Bế 🔭 🗀
23 28			Country		Trust Fund Contribution		d to Fees
Zip	Country Zip		$\overline{}$	у	This corporation owes the current year Int.     Personal Property Tax.	angible Yes	<b>X</b> No
24	9. Name and Address of Curre		30		10. Name and Address of New Registered		
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Hame and statement and sta		
ESTE	ELLES, MARIA E		1		(7) O. Day M. wahay in Not A contable		
221 S.W. 136TH AVENUE			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAN	/II FL 33184		8	3			
			_	4		85 Zir	Code
)			8	4 City	FL	.   65   24	0.000
office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida, Such change was at	ithorizeo D	v tne corborati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	changing i ntment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Ag	ent signature require	ed when reinstating) DATE		
12.	<del></del>	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	e
NAME	ESTELLES, JUAN		1,2 NAME	ì			
STREET ADDRESS	221 S.W. 136TH AVE.		1,3 STRE	ET ADDRESS	·		
CITY-ST-ZIP	MIAMI FL 33184		1.4 CITY-			Change	≥ ∏ Addition
TITLE	V DELETE		2.1 TITLE				, Lindinon
NAME	ESTELLES, MARIA E		2.2 NAMI	1			}
STREET ADDRESS	221 S.W. 136TH AVE. MIAMI FL 33184			ET ADDRESS			
CITY-ST-ZIP	MIAMI FC 33104		2.4 CITY 3.1 TITLE	<del></del> _		☐ Change	e Addition
NAME	;		3.2 NAMI	l l	·	Ū	
STREET ADDRESS:			1	ET ADDRESS			
CITY-ST-ZIP			3,4. CITY				
TITLE		☐ DELETE	4.1 TITLE			Change	e Addition
NAME			4. 2 NAM	E			ļ
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4,4 CITY	ST-ZIP		<del></del>	
TITLE		☐ DELETE	5.1 TITLE	1		☐ Chang	e 🗌 Addition
NAME			5.2 NAMI				į
STREET ADDRESS			B	ET ADDRESS			Ì
CITY-ST-ZIP		·	5.4 CITY			D.C+	
TITLE		☐ DELETE	6.1 TITLE			Chang	e 🗀 Addition
NAME			6.2 NAMI	ET ADORESS			
			= c 2 CTDC	– i βιπηρέςς Ι			

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

6.4 CITY-ST-ZIP

SIGNATURE: