

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000071994 (4)

1. Corporation Name
NO LIMIT BUSINESS, INC.

Principal Place of Business

1517 NW 82ND AVENUE
MIAMI FL 33126

Mailing Address

1517 NW 82ND AVENUE
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/18/1995

3a. Date of Last Report
10/14/1996

2. Principal Place of Business

21 9619 FOUNTAINE BLEAU BLVD

Suite, Apt. #, etc.

22 Suite 409

City & State

23 Miami, FL

Zip

24 33172

Country

25 U.S.A.

2a. Mailing Address

26 9619 FOUNTAINE BLEAU BLVD

Suite, Apt. #, etc.

27 Suite 409

City & State

28 Miami, FL

Zip

29 33172

Country

30 U.S.A.

4. FEI Number

65-0611785

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BRITO, HUGO

1517 NW 82ND AVENUE

MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name BRITO, HUGO

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

9619 FOUNTAINE BLEAU BLVD

83 SUITE NO. 409

84 City MIAMI

FL

85 Zip Code

33172

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

Hugo Brito

BRITO, HUGO

09/19/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PS ☒ DELETE

NAME BRITO, HUGO M
STREET ADDRESS 1830 NE 142ND STREET, #76
CITY-ST-ZIP N. MIAMI FL 33181

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P V S T D ☒ Change ☐ Addition

1.2 NAME BRITO, HUGO
1.3 STREET ADDRESS 9619 FOUNTAINE BLEAU BLVD #409
1.4 CITY-ST-ZIP MIAMI, FL 33172

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

Hugo Brito BRITO, HUGO 09/19/97 (305) 405-0647

CR2E034 (4/97)