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	1999 DIVISION OF CO								
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NO LIMIT BUSINESS, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
P. mojar Para	e of Business		Mailing Address			_{			
8045 NW 36th Street # 565 the same									
HIAMI, FL 33186						DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE		
	,					3. Date Incorporated or Qualifed 09/18/1995			
	Place of Business MW 36th :	4011+	2a. Mailing Addr		on Spacer	4. FEI Number 65-06/1/785	Applied Fo		
Suite, Apt		4 LC C1	Suite, Apt. #		IN SIECET	5. Certificate of Status Desired	\$8.75 Additiona		
2 565 City & Stat			27 565 City & State				Fee Required		
MIAF				n/ fl	-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24] ^{Zip} 3316)3A	29 33166	30	Country	·	Yes □No		
	9. Name and Add	ress of Current	Registered Agent		81 Name	10. Name and Address of New Registered Ag	ent		
					10	CITO HOGO ress (P.O. Box Nymber is Not Acceptable)			
					8045	UN 36th STREET SUITE	565		
					83 MIAN	ic, FL			
					84 City M	fastl FL	85 Zip Code 33!66	,	
11. Pursuant office or r	to the provisions of Se	ections 607.0502 th, in the State o	and 607.1508, Flori I Florida, Such chan	da Statutes, t ge was autho	he above-named corp rized by the corporati	oration submits this statement for the purpose of chon's board of directors. I hereby accept the appointment	anging its register nent as registered	red	
	an family (with, apprai	cent the obligati	ons of, Section 607.6	0505, Florida	Statutes.	10/25/99			
SIGNATURE	Suprate e pred or printed na	me of registered agent		NOTE Regi	stered Agent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN	<u>.</u> 6	
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CITY-S1-ZIF	ertify that the informat	ion supplied with	this filing does not o	ualify for the	exemption stated in \$	Section 119.07(3)(i), Florida Statutes. I further certify	that the informati	ion	
indicated officer or	on this annual report of director of the corpora	or supplemental a tion or the receiv	annual report is true ver or trustee empow	and accurate ered to execu	and that my signature this report as requi	e shall have the same legal effect as if made under i ired by Chapter 607, Florida Statutes; and that my r	oath; that I am an		
Block 12	or Block 13 if changed	for on an Attach	ment with an addres	s, with all oth	er like empowered.	///////////////////////////////////////		_	
SIGNAT	URE:	WYXO.	-	0.000000000	WDF-0100	10/25/99 (305)	163-764	10	
	STORAGE	END TYPED OR	PRINTED HAME OF SIGNIN	S OFFICER OR E	MEGIUM	Date · Dayti	IND PTRING #		



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8045 NW 36th Street Suite 565 ~ Miami, FL 33166 - USA Phone: (305) 463-7640/7641 ~ Fax: (305) 463-7642 ~ nolimit@icanect.net

Miami, October 5, 1999

Florida Department of State Division of Corporations

Principal place of business:

No Limit Business, Inc. 8045 NW 36th Street Suite 565

Miami, FL 33166

Officer and Directors:

Title: PVST

Name: Street Address: Brito, Hugo M. 1450 Brickell Bay Dr.

Miami, FL 33131

I, Hugo M. Brito from No Limit Business, Inc., come through this letter to notify you that by checking my company status on the Internet, I found out that my company is been inactivated (closed) (Adm. dissolution annual report). <u>Since I have not received my annual report</u>, I am attaching the check to pay that amount.

Sorry for that inconvenience, and ask you to double-check the mailing address that you have in your files; it should be the same as this letterhead.

Thank you very much.

Sincerely,

Hugo Brito.