FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000061358 (3)

NO BIG DEAL, INC.

2. Principal Place of Business

Suite, Apt. #, atc.

City & State

21

Principal Place of Business	Mailing Address	
•	· ·	
5601 SW 7TH ST	5601 SW 7TH ST	
MIAMI FL 33134	MIAMI FL 33134-1063	

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED May 08 1997 8:00am Secretary of State



3a. Date of Last Report

4/29/97 (305) 374-6300

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified

65-0693128-260212

5. Certificate of Status Desired

6. Election Campaign Financing

07/22/1996

4. FEI Number

23		28				Trust Fund Contribution		Added	to Fees		
Zip	Country	Zip	L,	Country		8. This corporation has liab			s. 199.032,		
24	25	29	30	L		Florida Statutes	☐ Yes X				
	g. Name and Address of Current	Registered Agen	1			10. Name and Address of t	lew Registered A	gent			
PAD	ILLA, TAMARA E			81	Name				}		
1184	I1 SW 117 CT			82	Street Add	ress (P.O. Box Number is Not Ad	contable)				
MIAMI FL 33186					Oli Col Moo	1033 (1.0. DOX NOTING) IS NOT AL	voetvaoie)		ſ		
				83							
											
				84	City		FI.	85 Zip	Code		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the Stale om familiar with, and accept the obligat	of Florida. Such chi	ange was autho	orized by	the corpora	poration submits this statement fition's board of directors. I hereb	or the purpose of y accept the appr	changing ointment as	ts registered registered		
SIGNATURE	Signature, typod or printed name of registered agent	and tille if applicable.	(NOTE: Flo	aistered Age	ni signature requi	red when reinstating)	DATE				
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO		DIRECTO	RS IN 12		
TITLE	D							Change	Addition		
NAME	PADILLA, TAMARA E			1.2 NAME							
STREET ADDRESS	11841 SW 117 CT			1.3 STREET	ADDRESS) î		
CITY-ST-ZIP	MIAMI FL 33186			14 C/1Y-S	T-ZIP						
TITLE	D		DELETE	21111LE	J			☐ Change	Addition		
NAME	GONZALEZ, MARISOL			2.2 NAME							
STREET ADDRESS	5601 SW 7TH ST			2.3 STREFT	ADDRESS]		
CITY-ST-ZIP	MIAMI FL 33134			2.4 City-9	5T - 7IP						
TITLE	D		DELETE	3.1 TITLE				Change	Addition		
NAME	romann, eva e		J	3.2 NAME	j				}		
STREET ADDRESS	9301 NW 120 TERRACE		I	3 3 STREET	ADDRESS						
CITY-S1-ZIP	HIALEAH GARDENS FL 33018		j	3.4. CITY-S	5T - ZIP						
TITLE			DELETE	4.1 3111.8				Change	Addition		
NAME				4. 2 NAME)		
STREET ADDRESS	•			4.3 STREET	ADDRESS				[
CITY-ST-ZIP	_		ī	4.4 CITY - S	T-ZIP				İ		
TITLE			DELETE	5.1 1111.5				Change	Addition		
NAME			1	5 2 NAME	ľ				1		
STREET ADDRESS				5.3 STREET	ADDRESS						
CITY-ST-ZIP			•	5.4 CHY-S	1-2119				1		
TITLE			DELETE	6.1 TITLE				Change	Addition		
NAME			T I	6.2 NAME							
STREET ADDRESS			1	6.3 STREET	ADDRESS				1		
CITY-ST-ZIP				6.4 CITY - S					}		
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											