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FILED  
Aug 17, 1999 8:00 am  
Secretary of State

08-17-1999 90006 012 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000087545

1. Corporation Name

NORTH AMERICA NOTEBUYERS, INC.

Principal Place of Business

~~3741 SUNNY ISLES BLVD STE 233~~  
~~SUNNY ISLES FL 33160~~

Mailing Address

~~3741 SUNNY ISLES BLVD STE 233~~  
~~SUNNY ISLES FL 33160~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1996

4. FEI Number

65-0658275

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 520 NW 165 St Rd.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 202

Suite, Apt. #, etc.

27

City & State

23 N. Miami FL

City & State

28

Zip

24 33169

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GAILES, YVETTE  
3741 SUNNY ISLES BLVD STE 233  
SUNNY ISLES FL 33160

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME GAILES, GERALD  
STREET ADDRESS 3741-SUNNY-ISLES-BLVD-STE-233-  
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE VSTD ☐ DELETE  
NAME GAILES, YVETTE  
STREET ADDRESS 3741-SUNNY-ISLES-BLVD-STE-233-  
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 520 NW 165 St Rd. St 202  
1.4 CITY-ST-ZIP N. Miami, Florida 33169

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 520 NW 165 St Rd. St 202  
2.4 CITY-ST-ZIP N. Miami, Florida 33169

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-10-99 (305) 944-2322

0233416

CR2E034 (11/98)