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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000031408

1. Corporation Name

Principal Place of Business

OFF LIMITS ENTERPRISE INC.

17611 S.W. 66T FT LAUDERDAL		17611 S.W. 66TH ST. FT LAUDERDALE FL 33331					
TT CAGOCADAL	E 1E 00001	T property to soon			DO NOT WRITE IN T	HIS SPACE	
					3. Date incorporated or Qualifed		
					<u> 04/07/1997</u>		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		olied For
21		26			65-0741830		.Applicable
Suite, Art.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Ac Fee Req	
City & State	е	City & State			6. Electior Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip 24	Country 25	Zip 30	Country		This co-poration owes the current yea Personal Property Tax.		[]No
	9. Name and Address of Curren	_			10. Name and Address of New Register	red Agent	
			81	Name			
	enzo, digna 1 s.w. 66th st.		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	AUDERDALE FL 33331		83				
			84	City		85 Zip C	c de
office or re	to the provisions of Sections 607.050, egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was auth	innzed by	the corpor	corporation submits this statement for the purpos- ration's board of directors. I hereby accept the ap-	e of changing its repointment as reg	registered jistered
SIGNATURE	Signature, typed or printed nan e of registered agen	nt and title if applicable. (NOTE Re	gistered Ager	t signature req	qui ed when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.	-	ADDITIO NS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	LORENZO, ORESTES		1.2 NAME				
STREET ADDRESS	17811 S.W. 66TH ST.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33331		1.4 CITY-S	T-ZIP			
TITLE	STD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	LORENZO, DIGNA		22 NAME				
STREET ADDRESS	17611 S.W. 66TH ST.		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP			
TITLE		DELETE 3.1				Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRES 3		1	3.3 STREET	ADDRESS			
CITY-ST-ZIP		,	34 CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4 2 NAME	1			
STREET ADDRES 3			4 3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME		,	5.2 NAME				
STREET ADDRES			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
CTOFFT ADDOCS			6.3 STREET	ADDRESS			

6.4 CITY-ST-ZIP

SIGNATURE:

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.

CR2E034 (11/98)