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 # V49825

(5)

NO LIMI	TS DESIGN GROUP, INC									
Principal Place 3003 INDIAN C SUITE B-1 MIAMI BEACH	REEK DRIVE	SUITE B-1	3003 INDIAN CREEK DRIVE			T FOR IT SUIDLE STREET LOUIS STORE STREET LOUIS STREET LO	B1011 01011 01011 1	#### #################################		
						 Date Incorporated or Qualified 07/10/1992 	3a. Date o		eport	
2. Principal Place of Business 21 Suite, Apt #, etc 22		2a. Mailing Address	28. Mailing Address 26 Surte, Apt. #, etc. 27			4. FEI Number 65-0345762	Tripping Co.			
		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
City & State	e	City & State	······································			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	30	untry	,	8. This corporation has liability for		under s.		
	g. Name and Address of Cur		L.T.T.L	L		10. Name and Address of New Re	glatered Age	nt		
	, XIOMARA			81	Name					
) S. Dadeland Blvd. Te 704			82	Street Add	fress (P.O. Box Number is Not Acceptable)				
	MI FL 33150			83						
				84	City	FL 85 Zip Code				
office or nagent. La SiGNATURE	- Clomara	Kel				rporation submits this statement for the pation's board of directors. I hereby acception is board of directors. I hereby acception in the patients of the pati	the appoints	nging its ment as	registered registered	
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR		
TOLE	Р	☐ DELÆTE	1.1 T	1.1 TITLE 1.2 NAME				Change	Addition	
NAME	DOLUM, DAVID		1.2 4							
STREET ADDRESS	3003 INDIAN CREEK DRIVE		1.3 \$	TREET	ADDRESS					
City-St-ZiP	MIAMI FL	Dritte		CITY - S	ST-ZIP			Change	Addition	
TOTLE		DELETE	2.1 1					CHAINGE	L. Hacilion	
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		¥.1					
CITY-ST-ZIP					ST-ZIP					
TITLE		DELETE	3.1 1		<u> </u>			Change	Addition	
NAME			321	MAME						
STREET ADORESS			3.3 5	STREET	ADDRESS					
CITY - STZIP				CITY-	ST-ZIP					
TITLE		☐ DELETE	4.11	IITLE	[Ц	Change	☐ Addition	
NAME			4.2	NAME						
STREET ADDRESS			4.3 5	STAEET	ADDRESS					
CITY - ST - ZIP		T he ere			ST-ZIP			Change	Addition	
TIFLE		☐ DELETE		ITLE				Anange	THE VOICIOR	
NAME			1	VAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE			ST-ZIP		— Н	Change	Addition	
T:TLE		רו הנונונ		TITLE NAME				orango	rigorown	
NAME OLOGET ASSESSED					LANOBECC					
STREET ADDRESS			0.33	ointt l	ADDRESS					

SIGNATURE: ...

April.2-1897

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 truffee 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.

FILED

Apr 11 1997 8:00am

Secretary of State