FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR 10 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G22953 (5)

1. Corporation Name
SMITCO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
814 PONCE DE LEON BLVD., STE #205 CORAL GABLES FL 33134	814 PONCE DE LEON BLVD., STE #205 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/09/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 814 Ponce de Leon Blvd.	26 914 Madrid Street
Suite, Apt. #, etc. 22 #405	Suite, Apt. #, etc. 27
City & State 23 Coral Gables, Florida	City & State 28 Coral Gables, Florida
Zip 24 33134 Country 25 Dade	Zip 29 33134 Country 30 Dade

4. FEI Number: 59-2261756 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMIT, DIRK 914 MADRID STREET CORAL GABLES FL 33134	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	SMIT, DIRK	12 NAME	
STREET ADDRESS	914 MADRID STREET	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	SMIT, MARIA DEL CARMEN	22 NAME	
STREET ADDRESS	914 MADRID STREET	23 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☑ Change ☐ Addition
NAME	~~SMIT, RICHARD D.J.~~	32 NAME	Vice-President 1st.
STREET ADDRESS	~~3609 MONSERRATE~~	33 STREET ADDRESS	Smit, Richard D.J.
CITY-ST-ZIP	~~CORAL GABLES FL~~	34 CITY-ST-ZIP	3609 Monserrate. Coral Gables, Fl. 33134
TITLE	V.	41 TITLE	☑ Change ☐ Addition
NAME	~~SMIT, MARK A.~~	42 NAME	Vice-President 2nd.
STREET ADDRESS	~~1432 ORTEGA~~	43 STREET ADDRESS	Smit, Mark A.
CITY-ST-ZIP	~~CORAL GABLES FL~~	44 CITY-ST-ZIP	1432 Ortega Avenue, Coral Gables, Fl. 33134
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Dirk Smit President 4-5-'95 305 - 446-7042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0139443 CP