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 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H25448** **(2)**

1. Corporation Name
T. E. SMITH, INC.

Principal Place of Business
353 ALCAZAR AVE. #101-B
CORAL GABLES FL 33134

Mailing Address
353 ALCAZAR AVE. #101-B
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

*AS OF MAY 1, 1995 WE HAVE MOVED! SEE BELOW!

2. Principal Place of Business	2a. Mailing Address
21 1200 Anastasia AVE	26 PO Box 14-2096
22 Suite, Apt. #, etc. Biltmore Bus. Ctr. 2nd Flr	27 Suite, Apt. #, etc.
23 City & State Coral Gables FL 33134	28 City & State Coral GAbles, FL 33114
24 Zip 33134 / 25 Country USA	29 Zip 33114 / 30 Country USA

3. Date Incorporated or Qualified: 10/15/1984
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2511133 ☐ 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

SMITH, TOM E
353 ALCAZAR AVE. #101B
CORAL GABLES FL 33134
P
(SEE NEW ADDRESS ABOVE!)

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fl... or registered agent, or both, in the State of Florida. Such change w... familiar with, and accept the obligations of, Section 607.0505, Flor...

SIGNATURE _____
(Signature of person(s) naming registered agent and their addresses)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, TOM E
STREET ADDRESS	7330 SW 55TH AVE.
CITY ST ZIP	S. MIAMI FL 33143

TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ 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	

REMITTED BY MAY 1

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: Tom E. Smith 5-8-95 305 444 7250
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone Number

0138263 CP