


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N93000003623 (6)
1. Corporation Name
S.M.A.R.T. SPORTS, INC.



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| Principal Place of Business 1125 N.W. 126 COURT MIAMI FL 33182 | Mailing Address P.O. BOX 431142 MIAMI FL 33243-1142 |
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|--|---|
| 2. Principal Place of Business 21 6161 N.W. 9th Ave. | 2a. Mailing Address 26 6161 N.W. 9th Ave. |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State Miami, FL | 28 City & State Miami, FL |
| 24 Zip 33127 | 25 Country USA |
| 29 Zip 33127 | 30 Country USA |

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|--|--|
| 3. Date Incorporated or Qualified 08/10/1993 | 3a. Date of Last Report 07/23/1996 |
| 4. FEI Number 65-0476222 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**LEROY, DOMINIQUE D
169 E. FLAGLER
SUITE 1428
MIAMI FL 33131**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANDRY, KELLY | 1.2 NAME | |
| STREET ADDRESS | 1125 N.W. 126 CT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33182 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMMS, LEAH | 2.2 NAME | |
| STREET ADDRESS | 67 NE 94TH STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAMPION, JAMES | 3.2 NAME | |
| STREET ADDRESS | 8595 NW 36TH STREET #114 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, ALAN | 4.2 NAME | |
| STREET ADDRESS | 150 W. FLAGLER STREET #2600 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHISM, PAM | 5.2 NAME | |
| STREET ADDRESS | FUNB 1541 SUNSET DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAPHALLE, FULLER | 6.2 NAME | |
| STREET ADDRESS | 14595 SW 82ND AVE. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33158 | 6.4 CITY-ST-ZIP | |

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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kelly Landry RECORDED Landry 4/20/97 (305) 751-1245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033909

CR2E037 (9/96)