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FILED

May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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.

Principal Place of Business

Mailing Address

1125 N.W. 126 COURT
MIAMI FL 33182P.O. BOX 431142
MIAMI FL 33243-11423. Date Incorporated or Qualified
08/10/19933a. Date of Last Report
07/23/1996

2. Principal Place of Business

2a. Mailing Address

21 **6161 N.W. 9th Ave.**26 **6161 N.W. 9th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Miami, FL**28 **Miami, FL**

Zip

Country

24 **33127**25 **USA**29 **33127**30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEROY, DOMINIQUE D
169 E. FLAGLER
SUITE 1428
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **LANDRY, KELLY**
CITY-ST-ZIP **1125 N.W. 126 CT**
MIAMI FL 331821.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SIMMS, LEAH**
CITY-ST-ZIP **67 NE 94TH STREET**
MIAMI FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CHAMPION, JAMES**
CITY-ST-ZIP **6595 NW 36TH STREET #114**
MIAMI FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **COHEN, ALAN**
CITY-ST-ZIP **150 W. FLAGLER STREET #2600**
MIAMI FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CHISM, PAM**
CITY-ST-ZIP **FUNB 1541 SUNSET DRIVE**
CORAL GABLES FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LAPHALLE, FULLER**
CITY-ST-ZIP **14595 SW 82ND AVE.**
MIAMI FL 331586.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

REQUIRE Dandry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/20/97**
Date**(305) 751-1245**
Daytime Phone # 0033909

CR2E037 (9/96)