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May 15 1997 8:00am
Secretary of State

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.



Principal Place of Business Mailing Address
1125 N.W. 126 COURT MIAMI FL 33182
P.O. BOX 431142 MIAMI FL 33243-1142

3. Date Incorporated or Qualified 08/10/1993
3a. 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.

4. FEI Number 65-0476222
Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State Miami, FL 28 City & State Miami, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33127 25 Country USA 29 Zip 33127 30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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	1.1 TITLE	
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	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
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	6.1 TITLE	
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* RE KERRY D 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)