

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Madson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000028492 (3)**

1. Corporation Name
SMAT CORP.



Principal Place of Business		Mailing Address	
848 BRICKELL AVE., SUITE 200 MIAMI, FL 33131 4273 Casper Circle Hollywood, FL 33021		848 BRICKELL AVE., SUITE 200 MIAMI, FL 33131 4273 CASPER Circle Hollywood, FL 33021	
2	21	2a	26
State, Apt. #, etc.	City & State	State, Apt. #, etc.	City & State
22	23	27	28
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated For Fiscal	3a. Date of Last Report
	04/11/1995
4. FEIN Number	Applied For
65-057-59457	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

**BERK, ARTHUR J
848 BRICKELL AVE., SUITE 200
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
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.023 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. Thereby, accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.023, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1	NAME	<input type="checkbox"/> DELETE
12.2	NAME	<input type="checkbox"/> DELETE
12.3	STREET ADDRESS	<input type="checkbox"/> DELETE
12.4	CITY, STATE, ZIP	<input type="checkbox"/> DELETE
12.5	NAME	<input type="checkbox"/> DELETE
12.6	STREET ADDRESS	<input type="checkbox"/> DELETE
12.7	CITY, STATE, ZIP	<input type="checkbox"/> DELETE
12.8	NAME	<input type="checkbox"/> DELETE
12.9	STREET ADDRESS	<input type="checkbox"/> DELETE
12.10	CITY, STATE, ZIP	<input type="checkbox"/> DELETE
12.11	NAME	<input type="checkbox"/> DELETE
12.12	STREET ADDRESS	<input type="checkbox"/> DELETE
12.13	CITY, STATE, ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3	13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4	14. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	16. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7	17. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	19. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	20. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11	21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.12	22. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13	23. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing, as voluntarily furnished, and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person 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 corrected in accordance with article 6.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)