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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

V35228

(8)

FILED Feb 16 1996 8:00 am Secretary of State

SMART	ECH, INC.								
Principal Place	of Business	N	lailing Address			I IBBAL DINBOD ANDI BIINE INGKO I	IOON KON ONEN EHENY A		01011 81011 1001
9550 SUNSET STRIP SUNRISE FL 33322		9550 SUNSET STRIP SUNRISE FL 33322							
						3. Date Incorporated or Qualified 05/08/1992	1	Last R 07/19	•
2. Principal Pla			, Mailing Address	1 / 2		4. FEI Number		Ш	Applied For
Suite, Apt. #	VW 12 ST	26	7925 Nu	0 /2	5 7.	65-0332051			Not Applicable
22 SUITE City & State	121	27	Suite, Apt. #, etc. Suite /2 City & State	21		5. Certificate of Status Desired			Additional Required
⊢ . '	II, FL	28	MIAMI	FL		Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
24 33/2	Country	29	33126	30 Co	USA	This corporation has liability to Florida Statutes	or intancible taylu	inder s	199.032,
	6 25 USA 9. Name and Address of Currer	nt Regis	tered Agent		<u> </u>	10. Name and Address of New		ent	
					81 Name				
	OSE A INSET STRIP E FL 33322				B3 792	Idress (P.O. Box Number is Not Accept		B5 Zij	p Code 13126
11. Pursuant to or registere familiar witi	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori I, and accept the obligations of, Sect	and 60 da. Such	7.1508, Florida Statute n change was authorize 0505, Florida Statutes	es, the abo	we-narried corp corporation's bo	n7] poration submits this statement for the population of directors, I hereby accept the ap	purpose of changi opointment as reg	ing its r gistered	egistered office lagent. Lam
SIGNATURE	The troops the congenions on Ecot		.0000, Fiorida Glatutes	•					
	Signature, typed or printed name of registered agent	and to eld	applicable (NC)	Tt: Registered	Agent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AN	D DIFIEC	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO O	FICERS AND DI	RECTO	PRS IN 12
111.8	D		☐ DEFEIF	1, 1 7	ITLE		⊠	Change	☐ Addition
NAME	REMY, CAL M.			1.2 N	AME .				
STREET ADDRESS	9550 SUNSET STRIP			1.3 \$	REET ADDRESS	_	_]
CIPY - ST - ZIP	SUBNRISE FL		FT DELETE		TY-\$1-ZIP	SUNRISE, FL 3	3322		
1l'if	D AMIA MODELA		DELETE	2 1 T		•		Change	Addition
NAME	AVILA, JOSE' A 15410 SW 158 STREET			22 N					
STREET ADDRESS	MIAMI FL 33187				REE1 ADDRESS				
CHY+S1+Ziff TillE	MIAMI FE 33107		DELETE	3 1 T	TY-ST-ZIP			Sh	
NAME			_ been	32 N	- 1			Change	Addition
STREET ADDRESS					TREET ADDRESS				
CHY-ST-ZIP					TY-ST-ZIP				
TIPLE			DELETE	4.11			רח (Change	Addition
NAME			_	42 N			ш,	ugc	
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101.6			☐ DELETE	5. 1 T			П	Change	Addition
NAME				5 2 N	IME			•	_
STREET ADDRESS				•	REET ADDRESS				
CITY - ST - 7IP					TY-ST-ZIP				
TI'LE			☐ DELFTE	6 1 T				hange	Addition
NAME				62 N	ME		_	•	
STREET ADDRESS				6351	REET ADDRESS				
CHY+ST+ZiP				6.4 CH	IY-SI-ZIP				
14. I do hereby	certify that the information supplied s	with this	filing is voluntarily furni	ished and	does not qualify	for the exemption stated in Section 11	9.07(3)(k). Ftorida	Statute	es I further

4. To 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)(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 conth. 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:

MATURE AND TYPE OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

7/12/96 (305)599.