FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

565005

(6)

SMGSINC

FILED Mar 13 1998 8:00am Secretary of State

	o, 1110.						
Principal Plac	e of Business	Mailing Address			·····	-{	JII Did ii 1001
15334 SW 141 TERR MIAMI FL 33196		15334 SW 141 TERR MIAMI FL 33196					
US		US	U\$			DO NOT WRITE IN THIS SPACE	
ł						3. Date incorporated or Qualified	
2. Princinal P	lace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	01/04/1978 4. FEI Number	Applied For
21	idos or Buomodo	26			l ⊨ l ′	Vot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$0.7E	Additional	
22		27				Required	
City & Stat	re	City & State				D May Be	
23		28					to Fees
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year In	
24	25 9. Name and Address of Curren	29 Agent	30	1		Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent	∐ No
					Name		
DHARAMSI, SHAMSHUDIN 15334 SW 141 TERRACE					Chanal Addres	ess (P.O. Box Number is Not Acceptable)	
	MI FL 33196			82	Street Addre	ss (P.O. Box number is Not Acceptable)	1
*****	WHILE GOIDS			83	· · · · · · · · · · · · · · · · · · ·		
				84	City	85 Zip	Code
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1509 Florida Statut	os the s	aboue.	named corno	pration submits this statement for the purpose of changing	its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was a	authorize	ed by t	the corporation	on's board of directors. I hereby accept the appointment as	s registered
•	m familiar with, and accept the obliga	ations of, Section 607.0505, Fig	orida Sia	atutes.			1
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registere	ed Agent	signature required	d when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
TITLE	PD DELETE		1.11	1.1 TITLE		Change	Addition
NAME	DHARAMSI, SHAMSHUDIN		1.2 NAME				
STREET ADDRESS	15334 SW 141ST TERRACE		1.3 STREET ADDRESS		DDRESS		
CITY-ST-ZIP	MIAMI FL		1.40	1.4 CITY-ST-ZiP			
TITLE	VD	DELETE	2.1 TITLE			Change	Addition
NAME		This work of the control of the cont		2.2 NAME			
STREET ADDRESS	15334 SW 41ST TERRACE		2.3 S	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	\$D	☐ DELETE	3.1 TITLE		1	☐ Change	☐ Addition
NAME	DHARAMSI, SHABINA		3.2 NAME				J
STREET ADDRESS	15334 SW 141ST TERRACE		3.3 STREET				Ì
CITY-ST-ZIP	MIAMI FL	Decemen	3.4. CITY		- ZiP	- Cl Ohana	- Addition
TITLE	VT	☐ DELETE	4.1 TITLE			☐ Change	L. Addition
NAME	DHARAMSI, NAZIM		4. 2 NAME				
STREET ADDRESS	15351 SW 143RD STREET		4.3 STREET				
CITY-ST-ZIP	MIAMI FL	DELETE	4.4 CITY - 5		ZIP	Change	Addition
TITLE	DAT	□ beene	5.1 TITLE 5.2 NAME			Change	
NAME OTDEET ADDDESS					nnacce		
STREET ADDRESS				STREET AL			
CITY-ST-ZIP TITLE	MIAMI FL			HTLE	ZIP .	☐ Change	☐ Addition
NAME		C. DELETE	- 1	NAME		_ onango	
CTDEET ANDRESS				TOSET AF	DODECC		

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

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