

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J11400 (5)**

1. Corporation Name
SMF INTERNATIONAL PROJECT MANAGEMENT CONSULTANTS, INC.



Principal Place of Business: **% ABDUL MAJOOD FAROOQI, 1335 CROSS CREEK CIR, TALLAHASSEE FL 32301, US**
Mailing Address: **C/O ABDUL MAJOOD FAROOQI, 1335 CROSS CREEK CIR, TALLAHASSEE FL 32301, US**

3. Date Incorporated or Qualified: **04/25/1986**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **59-2677018**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: **21 TALLAHASSEE**
22. Suite, Apt. #, etc.:
23. City & State: **TALLAHASSEE, FL.**
24. Zip: **32301-3662** 25. Country: **USA**
26. Mailing Address: **26 1335 CROSS CREEK CIRCLE**
27. Suite, Apt. #, etc.:
28. City & State:
29. Zip: 30. Country:

9. Name and Address of Current Registered Agent
**FAROOQI, A. MASOOD
1335 CROSS CREEK CIR
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name: **FAROOQI, A. MASOOD**
82. Street Address (P.O. Box Number is Not Acceptable): **1335 CROSS CREEK CIRCLE**
83.
84. City: **TALLAHASSEE** 85. Zip Code: **FL 32301**

11. Pursuant to the provisions of Sections 607.0602 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. I, the undersigned, am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: **03-14-96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FAROOQI, ABDUL MASOOD	
STREET ADDRESS	1335 CROSS CREEK CIR	
CITY- ST- ZIP	TALLAHASSEE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FAROOQI, DR. F.Y.	
STREET ADDRESS	45078 SW 104 ST #828 15102 SW 104 ST #828	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY- ST- ZIP		
15. TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	DR. FAROOQI, F.Y.	
17. STREET ADDRESS	15102 SW 104 STREET # 828	
18. CITY- ST- ZIP	MIAMI, FL.	
19. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		
21. STREET ADDRESS		
22. CITY- ST- ZIP		
23. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		
25. STREET ADDRESS		
26. CITY- ST- ZIP		
27. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		
29. STREET ADDRESS		
30. CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state 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 empowered to execute the 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: _____ DATE: **03-14-96 (904) 878-4181**

CR2E034 (12/95)