

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

**FILED**

**Feb 03 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # J11400 (5)**  
1. Corporation Name  
**SMF INTERNATIONAL PROJECT MANAGEMENT CONSULTANTS, INC.**



Principal Place of Business Mailing Address  
**% ABDUL MAJOOD FAROOQI  
1335 CROSS CREEK CIR  
TALLAHASSEE FL 32301-3662  
US**

3. Date Incorporated or Qualified **04/25/1986** 3a. Date of Last Report **03/18/1996**  
4. FEI Number **59-2677018** Applied For Not Applicable  
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 2a. Mailing Address  
21 **1108 Richview Road** 26 **1108 Richview Road**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **TALLAHASSEE, FL.** 27 **TALLAHASSEE, FL.**  
City & State City & State  
23 **32301 USA** 28 **32301 USA**  
Zip Country Zip Country  
24 **32301** 25 **USA** 29 **32301** 30 **USA**

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 **A. MASOOD FAROOQI, MSCE, P.E.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1108 RICHVIEW ROAD**  
83  
84 City **TALLAHASSEE FL** 85 Zip Code **32301**

11. Pursuant to the provisions of Sections 607.0502 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 hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" 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	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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ABDUL MASOOD FAROOQI, M.S.C.E., P.E.	
1.3 STREET ADDRESS	1108 RICHVIEW ROAD	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32301-3639.	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DR. FAWWAZ YASIR FAROOQI,	
2.3 STREET ADDRESS	9174 SW 167th COURT	
2.4 CITY-ST-ZIP	MIAMI, FL. 33196.	
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MRS. SATIDA MAHMOOD FAROOQI, M.S.C.E.	
3.3 STREET ADDRESS	1100 RICHVIEW ROAD	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32301-3634.	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: **JANUARY 29, 1997.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ABDUL MASOOD FAROOQI, MSCE, P.E. PRESIDENT** DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)