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

Mailing Address

1570 MADRUGA AVE

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **L37020**

1. Corporation Name

Principal Place of Business

1570 MADRUGA ÄVE

SSMT SECURITIES CORPORATION

SUITE 311 CORAL GABLE	C EL 2214C	SUITE 311	40		DO NOT WESTERN TO	"O OD 1 OF	
OUNIC GABLE	13 FL 33140	CORAL GABLES FL 3314	90		DO NOT WRITE IN TH	IIS SPACE	
	, 45				3. Date Incorporated or Qualifed		
2 Dringing D	Place of Business				12/13/1989		
Z. Principai P	race of Business	2a. Mailing Address	•		4. FEI Number	A	pplied For
1]		26			65-0279972	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & Stat	<u> </u>	27				Fee R	equired
3	le .	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country Zip		Count	trv			to Fees
4			30		This corporation owes the current year     Personal Property Tax.	intangible □Yes	□No
ZJ	9. Name and Address of Cu		1301		10. Name and Address of New Registere		NO
<del></del>		CLI	8	1 Name	10: Name and Address of New Registere	u Agent	
a SUS	SMAN, WILLIAM C	St. 41	Ľ	Name			
	O MADRUGA AVE	·참()	8	Street Add	dress (P.O. Box Number is Not Acceptable)		- ""
	TE 311		Ĺ <u>.</u>	13	4.2. 2. 12 463 1014	<u>- 44.45 (44.54.5</u>	N
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6.4 CITY-ST-ZIP 4. 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 attendment with an address, with all other like empowered.

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

TREET ADDRESS

DELETE

☐ Change

☐ Addition

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90026 049 \*\*\*150.00