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FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L60061 (3)  
1. Corporation Name  
SMART INVESTMENT CORP.

Principal Place of Business

P.O. BOX 559401  
MIAMI FL 33255

Mailing Address

P.O. BOX 559401  
MIAMI FL 33255-8401



2. Principal Place of Business

21 P.O. Box 1471  
Suite, Apt. #, etc.

22 Mount Dora  
City & State

23 Florida  
Zip

24 32756  
Country

25 Lake

2a. Mailing Address

26 P.O. Box 1471  
Suite, Apt. #, etc.

27 Mount Dora  
City & State

28 Florida  
Zip

29 32756  
Country

30 Lake

3. Date Incorporated or Qualified

03/23/1990

3a. Date of Last Report

04/24/1996

4. FEI Number

65-0182583

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CINTRA, PRIMITIVO  
7499 S WATERWAY DR  
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7015 Pine Hollow Dr.

83

Mount Dora

84 City

Florida

FL

85 Zip Code

32757

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME CINTRA, PRIMITIVO  
STREET ADDRESS 7499 S WATERWAY DR  
CITY-ST-ZIP MIAMI FL

TITLE ST  
NAME CINTRA, VILMA  
STREET ADDRESS 7499 S WATERWAY DR  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME  
1.3 STREET ADDRESS 7015 Pine Hollow Dr.  
1.4 CITY-ST-ZIP Mount Dora, Florida 32757

2.1 TITLE ST  
2.2 NAME  
2.3 STREET ADDRESS 7015 Pine Hollow Dr.  
2.4 CITY-ST-ZIP Mount Dora, Florida 32757

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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: Primitivo Cintra (Primitivo Cintra 4/21/97 (352) 353-0984  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0296832

CR2E034 (9/96)