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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M16014 (6)**
1. Corporation Name
LILIA SMITH EXCLUSIVE, INC.



Principal Place of Business	Mailing Address
4801 N.W. 128 STREET ROAD 1647 S.W. 27TH AVE. OPA LOCKA FL 33054 US	4801 NW 128 STREET ROAD 1647 S.W. 27TH AVE. OPA LOCKA FL 33054 US

3. Date Incorporated or Qualified 05/30/1985	3a. Date of Last Report 06/28/1995
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2. Principal Place of Business		2a. Mailing Address	
21 4801 NW 128 ST. Rd.	26 4801 NW 128 ST. Rd.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
23 OPA LOCKA, FL		28 OPA LOCKA, FL	
City & State		City & State	
24 33054	25 USA	29 33054	30 USA
Zip		Zip	
Country		Country	

4. FEI Number 59-2536372	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

WEITZMAN, JACK L E
11420 S.W. 199 ROAD
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 *Jack L. Weitzman* **JACK L. WEITZMAN** 12/17/96
Signature of officer or director of the corporation and the # applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, LILLIA	
STREET ADDRESS	4801 NW 128 ST RD.	
CITY - ST - ZIP	OPA LOCKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, SERGIO	
STREET ADDRESS	4801 NW 128 STREET ROAD	
CITY - ST - ZIP	OPA LOCKA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, SERGIO (JR.)	
STREET ADDRESS	4801 NW 128 ST. RD.	
CITY - ST - ZIP	OPA LOCKA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, FRANK	
STREET ADDRESS	4801 N.W. 128 ST.RD.	
CITY - ST - ZIP	OPA LOCKA 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	400002033914--5
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	-12/19/96--01000--012
2.3 STREET ADDRESS	****375.00 ****375.00
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	REINSTATEMENT
5.3 STREET ADDRESS	also had 12/17/96
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 is voluntarily furnished and does not qualify for the exemption stated 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, 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: *Sergio Smith* **Vice President** 12-16-96 **305-769-9233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)