

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

**APPROVED
AND
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1997 MAY -1 AM 10: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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 **4801 N.W. 128 STREET ROAD**
OPA LOCKA FL 33054 **OPA LOCKA FL 33054-5134**
US **US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/30/1985	12/18/1996
Suite, Apt. # etc		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2536372	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

WEITZMAN, JACK L. E
11420 S.W. 109 ROAD
MIAMI FL 33176

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

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]* DATE: 4/23/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LILLIA	1.2 NAME	
STREET ADDRESS	4801 NW 128 ST RD.	1.3 STREET ADDRESS	200002014542--9
CITY-ST-ZIP	OPA LOCKA FL	1.4 CITY-ST-ZIP	-11/26/96--01107--012
TITLE	VD	2.1 TITLE	***375.00 ***165.00
NAME	SMITH, SERGIO	2.2 NAME	
STREET ADDRESS	4801 NW 128 STREET ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SERGIO JR	3.2 NAME	
STREET ADDRESS	4801 NW 128 ST. RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, FRANK	4.2 NAME	
STREET ADDRESS	4801 N.W. 128 ST.RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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: *[Signature]* DATE: 4-23-97

CR2E034 (9/96)

SCC 5-1-97