

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 APR 25 AM 9:40

DOCUMENT # P93000020331 (3)

1. Corporation Name:

SMB INNOVATIONS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

541 LAKESIDE CR.
SUNRISE FL 33326

Mailing Address:

541 LAKESIDE CR.
SUNRISE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0404162

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

21

State Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

State Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

BETANCOURT, SERAFIN M
541 LAKESIDE CR.
SUNRISE FL 33326

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

(If printed, please print name of registered agent on this line.)

(If printed, please print name of registered agent on this line.)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BETANCOURT, SERAFIN M
STREET ADDRESS	541 LAKESIDE CR.
CITY, ST, ZIP	SUNRISE FL 33326
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

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	
34 TITLE	☐ Change ☐ Addition
35 NAME	
36 STREET ADDRESS	
37 CITY, ST, ZIP	
38 TITLE	☐ Change ☐ Addition
39 NAME	
40 STREET ADDRESS	
41 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

S. Michael Betancourt Pres. S. Philiberto

(Date)

4/21/95 (305)624-9770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Typed Name)