

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
1905 SPRINGWOOD BOULEVARD

APPROVED
AND
FILED

MAY 11 PM 2:40

DOCUMENT # **P93000082639 (4)**

1. Corporation Name

SMART PPN, INC.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business

13341 SW 60TH TERR
MIAMI FL 33183
US

Mail Stop Address

13341 SW 60TH TERR
MIAMI FL 33183
US

(DO NOT WRITE IN THIS SPACE)

2. Date of Previous Filing

21

26. Month of Filing

26

3. Date of Incorporation in Florida

12/02/1993

3a. Date of Last Filing

06/28/1994

22. State of Incorporation

22

27. State of Incorporation

27

4. FEI Number

65-0491344

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23. City & State

23

28. City & State

28

6. District Court Judge Filing Fee

\$5.00 May Be
Added to Fees

24

25

Country

29

30

8. This corporation has failed to file an annual report for the year ending

Yes

No

9. Name and Address of Current Registered Agent

RICHARD, MARK ESQ
304 PALERMO AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Numbering Not Applicable)

83. City

84. State

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c), Florida Statutes, the undersigned, statewide or system, this statement for the purpose of changing the registered office or registered agent of the corporation, and any other changes as 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 the registered agent under Florida Statutes.

SIGNATURE:

12. OFFICER, AND DIRECTOR

12.1	NAME	DPST URRA, MARTIN
12.2	STREET ADDRESS	7910 N.W. 25 ST., STE. 206
12.3	CITY	MIAMI FL 33122
12.4	NAME	
12.5	STREET ADDRESS	
12.6	CITY	
12.7	NAME	
12.8	STREET ADDRESS	
12.9	CITY	
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY	

13. ADDITIONAL OFFICERS, DIRECTORS, AND OTHER REGISTRARS

13.1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
13.2	STREET ADDRESS	
13.3	CITY	
13.4	NAME	
13.5	STREET ADDRESS	
13.6	CITY	
13.7	NAME	
13.8	STREET ADDRESS	
13.9	CITY	
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY	

14. I, the undersigned, certify that the information supplied with this report is accurately furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information indicated on this report was required or requested on the annual report and is correct and that my signature shall have the same legal effect as if made under oath. I am available for direct contact by the Department of State or the Secretary of State to verify the information reported to complete the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. My business address is:

SIGNATURE:

Martin Urra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-94 (301) 551-5060