

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 JUL 29 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000083963 (7)

1. Corporation Name

S.M.O. INTERNATIONAL, INC.

Mailing Address
6161 SUNSET DR
SUITE C
MIAMI FL 33154

Principal Place of Business
6161 SUNSET DR
SUITE C
MIAMI FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
12/08/1993

4. FEI Number ☒ 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Mailing Address 2a. Principal Place of Business
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

FREEMAN STEPHEN A
520 BRICKELL KEY DR
SUITE O-305
MIAMI FL 33131

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when restate.)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE	D
1.2 NAME	VITIELLO MARCO NMD
1.3 STREET ADDRESS	6161 SUNSET DR SUITE C
1.4 CITY - ST - ZIP	MIAMI FL 33154
2.1 TITLE	D
2.2 NAME	DE AVILA KOS PAULO
2.3 STREET ADDRESS	6161 SUNSET DR SUITE C
2.4 CITY - ST - ZIP	MIAMI FL 33154
3.1 TITLE	D
3.2 NAME	JABLON DAVID
3.3 STREET ADDRESS	6161 SUNSET DR SUITE C
3.4 CITY - ST - ZIP	MIAMI FL 33154
4.1 TITLE	D
4.2 NAME	REATEGUI FERNANDO E
4.3 STREET ADDRESS	6161 SUNSET DR SUITE C
4.4 CITY - ST - ZIP	MIAMI FL 33154
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	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemptions stated in Sections 339.01(1)(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 617 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Gauboless*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

7/22/94 (305) 358-6400
Date Signature Number