

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000014358 (3)

1. Corporation Name

SMI-SOFTWARE MARKETING INTERNATIONAL, INC.



Principal Place of Business

3687 N.W. 15 STREET
LAUDERHILL FL 33311

Mailing Address

3687 N.W. 15 STREET
LAUDERHILL FL 33311

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/17/1994

3a. Date of Last Report

04/14/1995

4. FEI Number

65-0473391

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

9. Name and Address of Current Registered Agent

BACELLAR, PAULO R.A.
3687 N.W. 15 STREET
LAUDERHILL FL 33311

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

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

(Block 11. Registered Agent signature required when not standing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

BACELLAR, PAULO R.A.

STREET ADDRESS

3687 N.W. STREET

CITY - ST - ZIP

LAUDERHILL FL 33311

TITLE

D

☐ DELETE

NAME

NUNES, RENALDO P

STREET ADDRESS

R. DA ASSEMBLEIA, 10 GR 3701

CITY - ST - ZIP

R. DEJANEIRO BR

TITLE

D

☐ DELETE

NAME

FARIA, JOAO A

STREET ADDRESS

AV. BRIG. FARIA LIMA, 613 CJ. 101

CITY - ST - ZIP

S. PAULO SP BR

TITLE

D

☐ DELETE

NAME

NOGUEIRA, JOSE R

STREET ADDRESS

AV. BRIG. FARIA LIMA, 613 CJ. 101

CITY - ST - ZIP

S. PAULO SP BR

TITLE

D

☐ DELETE

NAME

NOGUEIRA, JOSE R

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NAME

NOGUEIRA, JOSE R

STREET ADDRESS

AV. BRIG. FARIA LIMA, 613 CJ. 101

CITY - ST - ZIP

S. PAULO SP BR

13. ADDITIONS/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

☐ Change ☐ Addition

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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 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. I am attaching with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

954-797-0004

CR2E034 (12/95)