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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014358 (3)

SMI-SOFTWARE MARKETING INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

FILED May 19 1997 8:00am Secretary of State



3687 N.W. 15 STREET LAUDERHILL FL 33311		3687 N.W. 15 STREET LAUDERHILL FL 33311-41	3687 N.W. 15 STREET LAUDERHILL FL 33311-4134			•			
						3. Date Incorporated or Qualified 02/17/1994	3a. Da 05/ 0	ite of Last 01/1996	Report
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number	 	h	Applied For
21		26				65-0473391			Not Applicable
Suite, Apt. 22	#, elc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	0	City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip 24	Zip Country Zip			Country 10		8. This corporation has liability for intaperiole tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent			1	Name and Address of New Re	gistered /	Agent	
	ELLAR, PAULO R.A.		8	i Nam	e				
. 3687 N.W. 15 STREET LAUDERHILL FL 33311				2 Stree	et Address	(P.O. Box Number is Not Acceptate	ole)		· · · · · · · · ·
			8	3					
			8	4 City			FL	85 Zip	p Code
office or r agent 1 a	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the obliq							ointment a	is registered
	Signature: speed or protect name of registered ag	jont and tille if applicable (NO ND DIRECTORS	OTE Registered A	gent signati	ure required wi	hen reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIDECTO	VDC IVI 40
12.	D OFFICENS AF	DELETE	1.1 TIFLE			ADDITIONS/OFFICE TO OFFIC	ACTIO AIND	Change	
NAME	BACELLAR, PAULO R.A.		1.2 NAMI					•	_
STREET ADDRESS	3687 N.W. STREET		1.3 STRE	ET ADDRESS	s				
C:TY+ST-7(P	LAUDERHILL FL 33311		1.4 CiTY-	ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE					Change	Addition
NAME	NUNES, RENALDO P R. da assembleia, 10 gr 3	701	2.2 NAMI						
STHEET ADDRESS	R. DEJANEIRO BR	701		ET ADDRESS	s				
CiTY+S1+7iP THTE	D DEDVILLIO DI	DELETE	2.4 CITY 3.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , 	Change	e Addition
NAME	FARIA, JOAO A	<u> </u>	3.2 NAM						
STREET ADDRESS	AV. BRIG. FARIA LIMA, 613 C	J. 101		- et address	s				
CITY- ST-ZIP	S. PAULO SP BR		3.4. CITY	-ST-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE					Change	e Addition
NAME	NOGUEIRA, JOSE R	1 404	4. 2 NAM	E					
STREET ADDRESS	AV. BRIG FARIA LIMA, 613 C S. PAULO SP BR	J. 1V1	4.3 STRE	ET ADDRESS	s				
CHY+S*-ZIP	O. FAULU OF DR	T Offitt	4.4 CITY					Char	A deletion
TITLE		☐ DELETE	5.1 TITLE 5.2 NAMI					L Change	Addition
NAME STREET ADDRESS				: et addres:	s				
CHY-ST-ZIP			5.4 CITY		<u> </u>				
TITLE		DELETE	6.1 TITLE	*****				Change	e 🔲 Addition
NAME			6.2 NAM	:					
STREET ADDRESS				ET ADDRESS	s				
City - ST - ZiP			6.4 CITY						
14 Ldo borol	by cartify that the information cumplic	ad with this filing door not ave	lifu for the ex	omolion	o bototo	Section 110 07(3)(i) Florida Statute	e further	cortify th	at the

1. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report for 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 of the respine to true the 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 a first inment with an address.

SIGNATURE:

VATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIREC

04/25/97

954-797-0004