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FILED  
Mar 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000017984 (3)

1. Corporation Name:  
SMART 216, INC.



Principal Place of Business  
216 SO. FED. HIGHWAY  
POMPANO BEACH FL 33062

Mailing Address  
8990 S.W. 77TH AVE.  
SUITE 330  
MIAMI FL 33156-2661

3. Date Incorporated or Qualified 03/08/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0480265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 7884 W. FLAGLER ST.
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 MIAMI FL
24 Zip	29 33144
25 Country	30 DADE

9. Name and Address of Current Registered Agent

MARGOLIS, JOHN A  
9990 S.W. 77TH AVENUE  
SUITE 330  
MIAMI FL 33156-2699

10. Name and Address of New Registered Agent

81 Name JOHN MARGOLIS  
82 Street Address (P.O. Box Number is Not Acceptable)  
7884 W. FLAGLER ST.  
83  
84 City MIAMI FL 85 Zip Code 33144

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *John Margolis* DATE: 3/03/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	NIEVES, ANA	
STREET ADDRESS	6774 W. FLAGLER ST.	
CITY - ST - ZIP	MIAMI FL 33144	
TITLE	VP/T	<input type="checkbox"/> DELETE
NAME	DITZIAN, GREGG	
STREET ADDRESS	7884 W. FLAGLER STREET	
CITY - ST - ZIP	MIAMI FL 33144	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RIUS, RAFAEL	
STREET ADDRESS	7884 W. FLAGLER STREET	
CITY - ST - ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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, or on an attachment with an address.

SIGNATURE: *Ana Nieves*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)