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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000017984 (3)

SMART 216, INC.

STREET ADDRESS CITY-ST-ZIP **FILED** 

May 05 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 216 SO, FED, HIGHWAY 7884 W. FLAGLER ST. POMPANO BEACH FL 33062 SUITE 330 DO NOT WRITE IN THIS SPACE **MIAMI FL 33144** 3. Date Incorporated or Qualified 03/08/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0480265 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zψ Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MARGOLIS, JOHN A 7884 W. FLAGLER ST. Street Address (P.O. Box Number is Not Acceptable) **SUITE 330** 83 **MIAMI FL 33144** 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or pouled name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE **NIEVES. ANA** NAME 1.2 NAME 6774 W. FLAGLER ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33144** 1.4 CITY - ST - ZIP CITY-ST-ZIP VP/T DELETE Change \_\_\_ Addition TITLE 2.1 TITLE DITZIAN, GREGG NAME 2.2 NAME 7884 W. FLAGLER STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33144 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE **RIUS**, RAFAEL NAME 3.2 NAME 7884 W. FLAGLER STREET STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33144** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. Thereby 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 of 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 chapped, or on an attackment with an address.

**6.3 STREET ADDRESS** 

6.4 CITY-ST-7IP

CR2E034 (10/97)