

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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90158 042 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000017984

1. Corporation Name  
SMART 216, INC.

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

Mailing Address  
7884 W. FLAGLER ST.  
SUITE 330  
MIAMI FL 33144  
US

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business

21 2657 EAST Atlantic Blvd  
Suite, Apt. #, etc.

2a. Mailing Address

27 19321 NW 2ave  
Suite, Apt. #, etc.  
MIAMI, FL

23 Pompano Beach, FL

28 MIAMI, FL

24 33062 25 USA

29 33109 30 USA

3. Date Incorporated or Qualified

03/08/1994

4. FEI Number  
65-0480265

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 owes the current year Intangible  
Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

MARGOLIS, JOHN A  
7884 W. FLAGLER ST.  
SUITE 330  
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name GREGG DITZIAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
19321 NW 2AVE  
83  
84 City MIAMI FL 85 33109

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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

*Gregg Ditzian*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 4/29/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" 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 checked="" 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		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT/SECRETARY
2.3 STREET ADDRESS	GREGG DITZIAN
2.4 CITY-ST-ZIP	19321 NW 2AVE MIAMI, FL 33109
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 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, with all other like empowered.

SIGNATURE: *Gregg Ditzian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/28/99  
Daytime Phone # 305 653-2977

CR2E034 (1/198)