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

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

Mailing Address

7884 W. FLAGHER ST.

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

05-05-1999 90158 042 ***150.00



POMPANO BENCH! E GOODE	MIAMI FC 33144		DO NOT WRITE IN THIS SPACE	
•	US /		3. Date Incorporated or Qualifed	
			03/08/1994	
2. Principal Place of Business	2/ 2a. Mailing Address		4. FEI Number	Applied For
21 2657 EAST It Auticls		mr_	65-0480265	Not Applicable
Suite, Apt. #, etc.	Spite, Apt. #, etc.	V. Zave	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
20 & State 0 1 6	Compostate	[-	6. Election Campaign Financing	\$5.00 May Be
23 COMPANO CALT	28 / / / / / / / / / /	10	Trust Fund Contribution	Added to Fees
Zip 3062 Couptry	Zip 33/69 30	Country A	This corporation owes the current year Inta Personal Property Tax.	ngible □Yes Σ ΤΦ
24 / JOUL 25 John and Address of Curren			10. Name and Address of New Registered A	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name QQQQ				
MARGOLIS, JOHN A			THEIT OFFIRM	
7884 W. ELAGLER ST.		82 Street Ass	dress (P.O. Box Number is Not Acceptable)	
SUITE-330. 83				
MAMI FL 33144				
	, _	84 City	γ _A _A , FL	85 33769
11. Pursuant to the provisions of Sections 607 0502 and 607 1608, 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 States, the 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 the corporation of the corporatio				
	C. 1849	// / //	-18a	<i>9/97</i>
SIGNATURE Signature John or printed name of registered agei		gistered Agent signature requi		
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME NAME NAME		1.2 NAME		
STREET ADDRESS 6774 W. FLAGLER ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33144		1.4 CITY-ST-ZIP	entral la maria	Pange Paddition
TITLE VP/T	☐ DELETE	2.1 TITLE	RESILENT/SECKET PAY	Mange /Addition
NAME DITZIAN, GREGG		2.2 NAME	1633/ 0/1/8/4/	_ '
STREET ADDRESS 7884 W. FLAGLER STREET		2.3 STREET ADDRESS	1914 / 240 - 3/6	ξ 9
CITY-ST-ZIPMIAMI_FL.33144		2.4 CITY-ST-ZIP	MIAMITE	Change Addition
TITLE S	DELETE	3.1 TITLE		Change [Addition]
NAME RIUS, RAFAEL	•	3.2 NAME		<i>'</i>
STREET ADDRESS 7884 W. FLAGLER STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33144	——————————————————————————————————————	3.4. CITY-ST-ZIP		Change Addition
πιε	☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME		4, 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		{
CITY-ST-ZIP	——————————————————————————————————————	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	☐ DELETE	5.1 TITLE		☐ Criange ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	(*) DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE	DELETE			
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information strue and appearance and that my signature shall have the same legal effect as if made under oath; that I am an impose to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing do indicated on this annual report or supplemental arrival report officer or director of the corporation or the ecceiver or traffee Block 12 or Block 13 if changed, or op an attachment with an

SIGNATURE: