

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90041 011 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P94000077709**

1. Corporation Name  
**SMARTCOM, INCORPORATED**



Principal Place of Business  
 2120 E. COLONIAL DR.  
 ORLANDO FL 32803  
 US

Mailing Address  
 263 SEMORAN BLVD.  
 CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24 25                          | 29 30                  |

|                                                                             |                                                                     |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| 3. Date Incorporated or Qualified                                           | Applied For                                                         |
| 10/21/1994                                                                  |                                                                     |
| 4. FEI Number                                                               | Applied For                                                         |
| 65-0534416                                                                  | Not Applicable                                                      |
| 5. Certificate of Status Desired                                            | \$8.75 Additional Fee Required                                      |
| <input type="checkbox"/>                                                    |                                                                     |
| 6. Election Campaign Financing Trust Fund Contribution                      | \$5.00 May Be Added to Fees                                         |
| <input type="checkbox"/>                                                    |                                                                     |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**VU LE, QUOC-DZUNG**  
**7550 S.W. 82ND COURT**  
**MIAMI FL 33143**

10. Name and Address of New Registered Agent

|                                                       |                       |
|-------------------------------------------------------|-----------------------|
| 81 Name                                               | Vu-Phi-Huynh          |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 8750 S.W. 48th Street |
| 83                                                    |                       |
| 84 City                                               | Miami                 |
| 85 Zip Code                                           | FL 33165              |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                       |                                            |
|----------------|-----------------------|--------------------------------------------|
| TITLE          | P                     | <input type="checkbox"/> DELETE            |
| NAME           | HUYNH, VU             |                                            |
| STREET ADDRESS | 8750 S.W. 48TH STREET |                                            |
| CITY-ST-ZIP    | MIAMI FL 33165        |                                            |
| TITLE          | TS                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | LE, QUOC-DZUNG V      |                                            |
| STREET ADDRESS | 7550 S.W. 82ND COURT  |                                            |
| CITY-ST-ZIP    | MIAMI FL              |                                            |
| TITLE          | Dang Cong Huynh       | <input type="checkbox"/> DELETE            |
| NAME           | 8750 S.W. 48th St.    |                                            |
| STREET ADDRESS | Miami, FL 33165       |                                            |
| 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    |                       |                                            |
| 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 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: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)