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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P95000048952 1. Corporation Name P SMITH INC

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

Principal Place of Business	Mailing Address				
4106 N.W. 167TH STREET	4106 N.W. 167TH STREET				
MIAMI FL 33054	MIAMI FL 33054				

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90162 012 \*\*\*150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

06/22/1995 4. FEI Number

65-0613180

١		20				<del></del>				
Zip	Country	Zip	_	Country		8.	This corporation owes the curre	ent year Inta	_	_/
4	25	29	30	<u> </u>			Personal Property Tax.		∐Yes	⊠Ño
	9. Name and Address of Current	Registered Age	nt			10.	Name and Address of New R	egistered /	Agent	
Char	TIL DUDDY			81	Name	$\langle \rangle$	140°		٠	
	TH, RUDDY			82	Street Addre		O. Box Number is Not Accepta	ble)		
5861 NW 192 ST					4100	0 1	V.W 16709	<i>,</i>		
MIAI	MI FL 33015			83						
				84	City		<del></del>		85 Zip	Code
				04	City		<b>A</b>	FL	65   Zip	Douc
I1. Pursuant	to the provisions of Sections 607.0502	and 607.1508, F	lorida Statutes,	the above	e-named corpo	oration	submits this statement for the	purpose of	changing its	registered
office or i	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such cl	hange was autho	orized by	the corporatio	n's boa	ard of directors. I hereby accep	t the appoir	ntment as re	gistered
agem. 1 a	am tamiliar with, and accept the obligation	ons or, section o	07.0005, Florida	Statutes					14	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Rec	istered Agen	t signature required	when rei	nstating)	DATE	<del></del>	
2.	OFFICERS AND		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.			DDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	ORS IN 12
ITLE	P		DELETE	1.1 TITLE					Change	☐ Additio
AME	MERCEDES, SANTOS B	,		1.2 NAME						
	44004 CMC 040 TERRACE			1.3 STREET	· ADDRESS					
TREET ADDRESS	MIAMI FL 33177									
TY-ST-ZIP	<del></del>		DELETE	1.4 CITY-ST 2.1 TITLE	1-2119				Change	Additio
TLE V/	RAFAEL VAZQUE	_	J DCLC.C							-
AME	911 N.W. 201	51		2.2 NAME						
TREET ADDRESS	SM Amy // 2	21/9		2.3 STREET			•			
ITY-ST-ZIP	MANN, FR. 3	3/6/	7 pereze	2.4 CITY-S	T-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·			Addition
ITLE 🔑	Ruddy Smith	L	] DELETE	3.1 TITLE					L] Change	
AME	Ruddy Smith S861 NW 1925+			3.2 NAME			The state of the state of		•	
TREET ADDRESS	3861 100 11631	-		3.3 STREET	ADDRESS					
ITY-ST-ZIP	MiAM: F/ 330	1/3		3.4. CITY-S	T-ZIP					
TLE			☐ DELETE	4.1 TITLE					Change	☐ Addition
AME				4.2 NAME						
TREET ADDRESS	s			4.3 STREET	ADDRESS					
ITY-ST-ZIP				4.4 CITY- ST	T-ZIP					
ITLE			DELETE	5.1 TITLE					Change	Additio
AME			·	5.2 NAME			p. 4 - 4			
TREET ADDRESS	S			5.3 STREET	ADDRESS					
ITY-ST-ZIP				5.4 CITY-S1	T-ZIP	-				
TLE			] DELETE	6.1 TITLE					Change	☐ Additio
AME				6.2 NAME						
TREET ADDRESS				6.3 STREET	ADDRESS					
				6.4 CITY- \$1		•				
CITY-ST-ZIP	certify that the information supplied with									

officer or director of the corporation or the receiver or trastee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: