

FILED

Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra S. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **9950000049050**
Corporation Name
SMART ENTERPRISE CORP.

Principal Office Location: **300 BISCAYNE BLVD WY #719 MIAMI, FL - 33131**
Mailing Address: **300 BISCAYNE BLVD WY #719 MIAMI, FL - 33131**

DO NOT WRITE IN THIS SPACE

1 Date Incorporated or Qualified: **09/01/97**
2 FCI Number: **65-0590937**
3 Certificate of Status Desired: **\$8.75 Additional Fee Required**
4 Provision of Corporate Information: **\$5.00 May Be Added to Fees**
5 This corporation has or has not paid the current year intangible Personal Property Tax on its balance: Yes No

23 Principal Place of Business
24 State, Apt #, etc.
25 City or State
26 Zip
27 Country

Name and Address of Current Registered Agent
**Gouveia, Jose A.
5898 N.W. 109 AVE
MIAMI, FL - 33178**

81 Name: **Jose A. Gouveia**
82 Street Address (P.O. Box Number is Not Acceptable): **5898 N.W. 109 AVE**
83 City: **Miami**
84 State: **FL**
85 Zip Code: **33178**

I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

01	NAME	<input type="checkbox"/> DELETE	11	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
02	STREET ADDRESS		12	NAME	
03	CITY, ST, ZIP		13	STREET ADDRESS	
04	NAME	<input type="checkbox"/> DELETE	14	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
05	STREET ADDRESS		15	NAME	
06	CITY, ST, ZIP		16	STREET ADDRESS	
07	NAME	<input type="checkbox"/> DELETE	17	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
08	STREET ADDRESS		18	NAME	
09	CITY, ST, ZIP		19	STREET ADDRESS	
10	NAME	<input type="checkbox"/> DELETE	20	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
11	STREET ADDRESS		21	NAME	
12	CITY, ST, ZIP		22	STREET ADDRESS	
13	NAME	<input type="checkbox"/> DELETE	23	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
14	STREET ADDRESS		24	NAME	
15	CITY, ST, ZIP		25	STREET ADDRESS	
16	NAME	<input type="checkbox"/> DELETE	26	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
17	STREET ADDRESS		27	NAME	
18	CITY, ST, ZIP		28	STREET ADDRESS	
19	NAME	<input type="checkbox"/> DELETE	29	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
20	STREET ADDRESS		30	NAME	
21	CITY, ST, ZIP		31	STREET ADDRESS	
22	NAME	<input type="checkbox"/> DELETE	32	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
23	STREET ADDRESS		33	NAME	
24	CITY, ST, ZIP		34	STREET ADDRESS	
25	NAME	<input type="checkbox"/> DELETE	35	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
26	STREET ADDRESS		36	NAME	
27	CITY, ST, ZIP		37	STREET ADDRESS	
28	NAME	<input type="checkbox"/> DELETE	38	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
29	STREET ADDRESS		39	NAME	
30	CITY, ST, ZIP		40	STREET ADDRESS	

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I hereby certify that the information supplied with this report is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

[Signature]
SIGNATURE AND TITLE

04/30/98 (305) 374-7733