## 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 # P95000067002

1. Corporation Name

Suite, Apt. #, etc.

24

RENATE SMITH, INC.

Principal Place of Business	Mailing Address	•
15600 PALMETTO CLUB DRIVE MIAMI FL 33157	15600 PALMETTO CLUB DRIVE MIAMI FL 33157	
	•	
2. Principal Place of Business	2a. Mailing Address	_

City & State City & State 28 Country Country Zio 25 29 30

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Suite, Apt. #, etc.

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90081 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

08/25/1995 4. FEI Number

65-0612059

Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
		81	Name					
SMITH, RENATE			Stract	treet Address (P.O. Box Number is Not Acceptable)				
15600 PALMETTO CLUB DRIVE			oueet.	Addiess (r o., box ladition is not acceptable)				
MIAMI FL 33157		83						
				Tell 71 O. J.				
		84	City	FL 85 Zip Code	e			
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								
OIGIVATORE			t signature r	required when reinstating) DATE				
12.		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
TITLE	_	1.1 TITLE		Change	Addition			
NAME	ommi, nemic	1.2 NAME			ł			
STREET ADDRESS	10000 Filemerro Geob Britie	1.3 STREET ADORESS			l l			
CITY-ST-ZIP		1.4 CITY-ST-ZIP						
TITLE	☐ DELETE 2	2.1 TITLE		Change	Addition			
NAME	2	2.2 NAME			i			
STREET ADDRESS	<u></u>	2.3 STREET AODRESS		The second secon	<u></u>			
CITY-ST-ZIP		2. 4 CITY- <u>S</u>	T-ZIP					
TITLE	☐ DELETE 3	3.1 TITLE		Change	Addition (			
NAME	3	3.2 NAME			1			
STREET ADDRESS	3	3.3 STREET	address					
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	☐ DELETE	I.1 TITLE		Change	Addition			
NAME	[ 4	I. 2 NAME			İ			
STREET ADDRESS	[	I.3 STREET	ADDRESS		.			
CITY-ST-ZIP		1.4 CITY-S]	-ZIP					
TITLE		5.1 TITLE		☐ Change	Addition \			
NAME	<b>1</b>	5.2 NAME						
STREET ADDRESS		5.3 STREET			}			
CITY-ST-ZIP		A CITY-ST	-ZIP					
TITLE	( DECEM	6.1 TITLE		Change	Addition			
NAME	B. 1	6.2 NAME			ł			
STREET ADDRESS	}	6.3 STREET			\			
CITY-\$T-ZIP		5.4 CITY-\$1						
14. Thereby 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								

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 chapter 60 or on an attach them and address, with all other like empowered.

SIGNATURE:

Applied:For-

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes