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Mar 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000027531 (8)**

1. Corporation Name
SMART MIAMI LAKES, INC.

Principal Place of Business	Mailing Address
~~9990 S.W. 77TH AVENUE~~ SUITE 330 ~~MIAMI FL 33156-2699~~	~~9990 S.W. 77TH AVENUE~~ SUITE 330 ~~MIAMI FL 33156-2661~~

3. Date Incorporated or Qualified: 03/28/1996
3a. Date of Last Report:

2. Principal Place of Business
21 16359 NW 67 AVE.
Suite, Apt. #, etc. 22
City & State 23 MIAMI LAKES FL
Zip 24 33014 Country 25 DADE

2a. Mailing Address
26 7884 W. FLAGLER ST
Suite, Apt. #, etc. 27
City & State 28 MIAMI FL
Zip 29 33144 Country 30 DADE

4. FEI Number 650667219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~NIEVES, ANA~~
9990 S.W. 77TH AVNUE
SUITE 330
MIAMI FL 33156-2699

10. Name and Address of New Registered Agent
81 Name JOHN A. MARGOLIS
82 Street Address (P.O. Box Number is Not Acceptable) 7884 W. FLAGLER ST.
83
84 City MIAMI FL 85 Zip Code 33144

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] 1/10/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NIEVES, ANA		1.2 NAME	
STREET ADDRESS	9990 S.W.77TH AVE. SUIT 330		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOREJON, RAFAEL		2.2 NAME	
STREET ADDRESS	9990 S.W.77TH AVE. SUIT 330		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 305-364-6170