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

CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham >

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000016500 (5)

SMC FINANCIAL SERVICES INC

Principal Plac	e of Business	Mailing Address					ia anial Airin Airin	 	
2500 SW 107	AVE #37	2500 SW 107 AVE #37				}			
MIAMI FL 33165 4 MIAMI FL 33165						DO NOT INDITE IN THIS SPACE			
						DO NOT WRITE IN THIS SPACE			
	•	•				3. Date Incorporated or Qualified		}	
						02/17/1997			
_ 2. Principal P	Place of Business	2a. Malling Address				4. FEI Number	Applied For		
21		26				65-0731635	Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75		
22		27				6. Certificate of Status Desired	Fee Re	quired	
City & Stat	6	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added 1		
Zip	Country	Zip	Cou	untry		8. This corporation owes or has paid the cu	rrent year Inti	angible	
24	25	29	30			Personal Property Tax due June 30.	Yes [] No	
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
PAI	MIREZ, ALBERTO			81	Name				
· · · · · · · · · · · · · · · · · · ·									
2500 SW 107 AVE #37				82	Street Ade	dress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33165				83					
				1				1	
				84	City		85 Zip (Code	
·•·						FL	- 		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Sta am familiar with, and accept the obti	ito of Florida. Such change was	authorize	ed by	the corpor.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap-	of changing its pointment as	s registered registered	
_	яп тапшаг міп, авсі ассерстве ові	igations of, Section 607.0505, F	ionoa sia	ILLILES	1.				
SIGNATURE	Signature typed or printed name of registered a	Current and title if environtile	II Bookson	nd 600	N signabute eng	juired when reinstating) DATE			
12.		ND DIRECTORS	13.		and and record reco	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12	
TITLE	D	DELETE	1.1.1			ADDITIONS OF INTEREST OF STREETS AN	Change	Addition	
NAME	RAMIREZ, ALBERTO	<u> </u>	1	LAME					
STREET ADDRESS	8861 SW 17 STREET				*DDOLCC			};	
	***************************************			1.3 STREET ADDRESS				1	
CITY-ST-ZIP	MIAMI FL 33165	DELETE		ITY-S	T-ZIP		Change	Addition	
TITLE) D	~ 1		ITLE	1	L. Change L. About		T VOORION)	
NAME	PENICHET, ORLANDO			2.2 NAME				ł	
STREET ADDRESS			2.3 \$	TREET	ADDRESS]	
CITY-ST-ZIP			2.40	2. 4 CITY - ST - ZIP					
TITLE	D DELETE 3.1		3.1 T	ITLE	ļ		Change	Addition	
NAME	DOMINGUEZ, MIRIAN E		3.2 N	3.2 NAME				ĺ	
STREET ADDRESS 8861 SW 17 STREET			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33165		3.4.0	CITY-S	ST-ZIP			ţ	
7171.5		DELETE		TELE			Change	Addition	

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 suppliemental armual 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 of the corporation of the receiver of the corporation of 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 of the corporation of 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 of the corporation of 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 of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

SIGNATURE: (

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

2-21-98 485-0044

FILED

Mar 18 1998 8:00am

Secretary of State

Change

Change

Addition

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