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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000057986 (6) DOCUMENT #

SMOKEOUT INDUSTRIES, INC.

Principal Piece of Business

Mailing Address

## **FILED** Apr 29 1998 8:00am Secretary of State



7078 S.W. 47TH STREET MIAMI FL 33155		7079 S.W. 47TH STREET MIAMI FL 33155		DO NOT WRI	ITE IN THIS SPACE	
	•			3. Date Incorporated or Qualifier 06/30/1997		
2. Principal Pi	ace of Business 4 NW 91 Ave	26 18944 NW	2 91 Au	e 4. FEI Number (5-077487.	0	Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>□</b> \$8.	75 Additional
22 City & State		City & State			F6	ee Required
23 Miaj	MI, FL	28 Miami, F		6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip Country 7ip Co 24 33018 25 USA 29 33018 30			Country USA	This corporation owes or has     Personal Property Tax due Ju		ar Intangible
9, Name and Address of Current Registered Agent				10. Name and Address of New I		IL) NO
SU	AREZ, GERARDO LUIS		B1 Name			
7079 S.W. 47TH STREET				Address (P.O. Box Number is Not Accept	table)	
MIAMI FL 33155				144 NW 91 AVE		
	,		83			
			84 City	iami	FL 85	Zip Code
11. Pursuant t	o the provisions of Sections 607,050	2 and 607.1508, Florida Statutes, to of Florida, Such change was authorities.	he above named	corporation submits this statement for the	e purpose of chang	ing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Ordered  Or						
SIGNATURE	fignature, typed or printed name of registerest age		pstered Agent's gnature	required when reinstalling)	4-21-98 DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OF		
TITLE	O CHARET GERARDO I	☐ DEFE1E	1.1 TITLE	DIP	Ĺ <b>ù</b> Cha	ange 🔲 Addition
NAME Street address	Suarez, Gerardo L 7079 S.W. 47TH Street		1.2 NAME 1.3 STREET ADDRESS	18944 NW 91 AUR		į
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-ZIP	18944 NW91 Ave Mami, FL 33018		ع ا
TITLE		DELETE	2.1 TITLE	יר עו	Cha	ange V Addition C
NAME			2.2 NAME	Ann morie Svarez.		
STREET ADDRESS			2.3 STREET ADDRESS	18944 NW 91 Ave Miami FC 33018		
CITY-ST-ZIP TITLE			2.4 CITY-ST-ZIP 3.1 TITLE	John 1-6 32010	Cha	ange Addition
NAME			3.2 NAME		<u></u>	ingo riounion
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Cha	ange 🔲 Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		<del></del>	4.4 CITY-ST-ZIP 5.1 THUE		Cha	ange Addition
NAME			5.2 NAME		5110	g
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELET <b>E</b>	6.1 TITL₹		Cha	ange
NAME			6.2 NAME			-
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP		<del></del>	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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.