## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris FILED ANNUAL REPORT Secretary of State 1998-1999 AR DIVISION OF CORPORATIONS DOCUMENT # P 97 0000 60 993 99 SEP 16 PH 5: 09 SMITH-SONIAN FINANCIAL Grosp INC SECREMANY OF STATE TALLAHASSEE, FLORIDA Mailing Address Blg d 2 Principal Place of Business Ste 270 1405 NW 167 ST MI Am, DO NOT WRITE IN THIS SPACE FL. 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Zio Country 8. This corporation owes the current year Intangible 122No 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LAVRYE SMITH 1405 N.W. 10751. Blg/2 MIAMI, GZ 37827 Street Address (P.O. Box Number is Not Acceptable) 84 City Zip Code 85 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 jamuar with, and accept the obligations of Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT / DIRECTOR LIDELETE 1.1 TITLE Change Addition LARRY & Smith CR2E034 STREET ADDRES 1.3 STREET ADDRESS STC 270 1.4 CITY-ST-ZIP City-SI-7H \*\*\*\*308.75 \*\*\*\*\*308 - A. Hittinon DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADORES 2 4 CITY-ST-ZIP City-ST ZI DELETE Change Addition 31 TITLE 3.2 NAME 3.3 STREET ADDRESS City-S1-ZiP 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS City-St-Zi 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition 5.1 TITLE 5.2 NAME 53 STREET ADORESS STREET ACIONES 5.4 CITY-ST-ZIP COY S1-782 6.1 TITLE DELETE Change ☐ Addition 6.2 NAME

6.3 STREET ADDRESS

301-612-8886

64 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the torporation or the receiver or trustee erpowered be execute this report as yequired by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if pranged, spean algorithment with an address, with 18 other like employered.

NG OFFICER OR DIRECTOR

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NAME

STREET ADDRESS

**SIGNATURE** 

## Associated Tax Consultants, Inc. 6163 Miami Lakes Drive Miami Lakes, FL 33014 Tel: 305-652-8886

Tel: 305-652-8886 Fax: 305-824-0703

TO: SECRETARY OF STATE

REF: ANNUAL REPORT REINSTATEMENT

To Mr. Tyrone,

As per our conversation our client did not receive their 1998 or 1999 Annual Report notice, due to a change in address. We would respectfully request that our client late fees be waived due to reasonable causes, your office has also stated that a fee of \$300.00 would have to be paid in this case, please find fee enclosed.

Thanking you in advance for your consideration in this matter.

Elward Burn

Sincerely yours,

EDWARD GARCIA, B.B.A., E.A.