


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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90067 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000079717 1. Corporation Name SMOKESTOP, INC.			
Principal Place of Business 1201 BRICKELL AVE SUITE 220 MIAMI FL 33131 US		Mailing Address 1201 BRICKELL AVE SUITE 220 MIAMI FL 33131 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 09/15/1997		4. FEI Number 65-0790330	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DO NOT WRITE IN THIS SPACE	
9. Name and Address of Current Registered Agent MELLER, JULIUS 1688 MERIDAN AVE. SUITE 1023 MIAMI BEACH FL 33139		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 provisions of Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE President - Julius Meller <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME SMOKESTOP, INC. <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.3 STREET ADDRESS 1201 Brickell Ave - Suite 220 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.4 CITY-STATE-ZIP MIAMI, FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE V.P. - Edda Mayor-Meller <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME SMOKESTOP, Inc <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.3 STREET ADDRESS 1201 Brickell Ave <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.4 CITY-STATE-ZIP Suite 220 MIAMI, FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

1/28/99 305-672-3919

CR2E034 (11/98)