

FILED

May 07 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P97000085075 (4)
1. Corporation Name
SIMPLESMART, INC.

| | |
|---------------------------------------|---------------------------------------|
| Principal Place of Business | Mailing Address |
| 11940 SW 132 AVENUE MIAMI FL 33186 | 11940 SW 132 AVENUE MIAMI FL 33186 |



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| | | | | 3. Date Incorporated or Qualified 10/02/1997 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 City & State | | 27 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 Zip Country | | 28 Zip Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24 Zip Country | | 29 Zip Country | | 30 | |

| | | | |
|---|----|--|----|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| DENIS, RONALD C ESQ 1835 WEST FLAGLER STREET SUITE 201 MIAMI FL 33135 | 81 | Name | |
| | 82 | Street Address (P.O. Box Number is Not Acceptable) | |
| | 83 | | |
| | 84 | City | FL |

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | PO <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERRERO, RAUL FRANCISCO II | 1.2 NAME | |
| STREET ADDRESS | 11040 SW 132 AVENUE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33186 | 1.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | V/D JONATHAN D. MORRISON |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 2459 NW 73 AVENUE |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | SUNRISE, FL 33313 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 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] RAUL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98 (305) 596-1834

CR2E034 (10/97)