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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092057 (3)

LIST IT SMART REALTY, INC.

Principal Place of Business Mailing Address														FORTE HORE DA		
1327 S.E. 2ND AVE.  FT. LAUDERDALE FL 33316  1327 S.E. 2ND AVE.  FT. LAUDERDALE FL 33316  FT. LAUDERDALE FL 33316																
									DO NOT WRITE IN THIS SPACE							
	_								3. Date Incom 10/24/1			ified				
2. Principal Place of Business 2a. Mailing Address									4. FEI Numb			. =		· [	Ap	plied For
21			26						<b>65</b> -0	)	1841	٦	<u> </u>			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						5. Certificate	of S	Status Desire	d				idditional quired
City & State			City & State						6. Election C			ing				May Be
7in	23				Country				Trust Fund				Щ.			o Fees
24	25	29 30				OUTIN	4		8. This corpo		on owes or h erty Tax due			current yea		angible No
9. Name and Address of Current Registered Agent									10. Name and							] NO
CHARLES RESTREPO, ESQ., P.A.								ame								
1327 S.E. 2ND AVE.						82 Street Addr			(D.O. D N.				1.1			
FT. LAUDERDALE FL 33316						62	51	reet Addres	ss (P.O. Box Nu	ımb(	er is not acc	eptat	ole)			
						83	1							<del> </del>		
1	•					84	C	itu						95	Zio C	\ada
	_							•					F		Zip C	
11. Pursuant office or re	to the provisions of Sections 607 egistered agent, or both, in the	7.0502 and State of FI	d 607 Iorida	1508, Florida Statu Such change was	ulos, the authoria	above god by	e-na y the	med corpo corporatio	ration submits the or a board of directions and the or a contraction of the or	his s ecto	statement for ors. I hereby	the pacce	ourpose pl the a	of changi ppointmer	ng ils Il as r	registered registered
_	m familiar with, and accept the o	obligations	S 01, E	Section 607.0505, F	lorida S	latutes	S.									
SIGNATURE	Signature, typed or printed name of register	 indiageol and	lde if a	postcable (NO	DIE: Registe	ned Age	ent sic	nature required	1 when reinstating)				TAC			
12.	OFFICERS				1:			,		/CH	ANGES TO (	OFFI	CERS A	ND DIREC	TORS	S IN 12
TITLE	DP			DELETE	11	TITLE	_	7						Cha	nge	Addition
NAME	CAMPOS, ELENA				1.2	NAME										
STREET ADDRESS	897 NW 97TH AVENUE				1.3	STREET	ADD	RESS								
CHY-SI-ZIP	PLANTATION FL 33324		10.11		1.4	CITY-S	I - ZIF									
TOTALE				DELETE	2.1	TITLE								Cha	nge	☐ Addition
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STREET ADDRESS					2.3	STREET	ADDI	erss								
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TITLE				□ DELETE		TITLE								☐ Char	1 <b>g</b> e	Addition
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STREET ADDRESS						STREET	ADDO	100								
CITY-ST-ZIP	<del></del>				64	CITY-SI	1-20'	1								

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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 logal 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 changes, or on an attachment with an address.

OLONIATURE

11/198

**FILED** 

Jan 20 1998 8:00am

Secretary of State