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May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90029 009 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000004460

1. Corporation Name PAOLA D. SMITH INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1600 S.E. 17TH STREET FT. LAUDERDALE FL 33316
Mailing Address: 1600 S.E. 17TH STREET FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified: 01/14/1998
4. FEI Number: 65-0806930
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: No

2. Principal Place of Business: 21 300 NE 3 Avenue #150
22 150
23 Ft. Lauderdale FL
24 33301 25 USA
2a. Mailing Address: 26 Same
27 Same
28 Same
29 Same 30

9. Name and Address of Current Registered Agent: SMITH, PAOLA D 1600 S.E. 17TH STREET FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent: 81 Name: Smith, Paola D.
82 Street Address: 300 NE 3 Avenue #150
84 City: Ft. Lauderdale, FL 85 Zip Code: 33301

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: \_\_\_\_\_ DATE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP for multiple individuals.

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: [Signature] 4-22-99 (954) 761-1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)