


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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

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

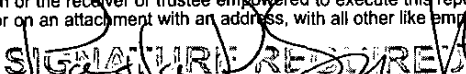
<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000004460</b>					
1. Corporation Name <b>PAOLA D. SMITH INTERNATIONAL, INC.</b>					
Principal Place of Business <b>1600 S.E. 17TH STREET FT. LAUDERDALE FL 33316</b>			Mailing Address <b>1600 S.E. 17TH STREET FT. LAUDERDALE FL 33316</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/14/1998</b>	
21 <b>300 NE 3 Avenue #150</b> Suite, Apt. #, etc.		2a <b>← Same</b> Suite, Apt. #, etc.		4. FEI Number <b>65-0806930</b>	
22 <b>150</b> City & State		27 <b>← Same</b> City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 <b>Ft. Lauderdale FL</b> Zip Country		28 <b>← Same</b> Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 <b>33301</b> 25 <b>USA</b>		29 <b>← Same</b> 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SMITH, PAOLA D 1600 S.E. 17TH STREET FT. LAUDERDALE FL 33316</b>			10. Name and Address of New Registered Agent		
			81 Name <b>Smith, Paola D.</b>		
			82 Street Address (P.O. Box Number is Not Acceptable) <b>300 NE 3 Avenue #150</b>		
			83		
			84 City <b>Ft. Lauderdale, FL</b> 85 Zip Code <b>33301</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME <b>D SMITH, PAOLA D</b>					
STREET ADDRESS <b>1600 S.E. 17TH STREET</b>					
CITY-ST-ZIP <b>FT. LAUDERDALE FL 33316</b>					
1.2 NAME <input type="checkbox"/> DELETE					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

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:**  **4-22-99** **(954) 761-1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #