

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90269 020 ***150.00

DOCUMENT # P98000040717

1. Corporation Name
SMART GALLOWAY, INC.



Principal Place of Business
9990 SW 77TH AVE. STE 330
MIAMI FL 33156-2699

Mailing Address
9990 SW 77TH AVE. STE 330
MIAMI FL 33156-2699

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1998

2. Principal Place of Business

21 8672 SUNSET DR

2a. Mailing Address

26 7884 W. FLAGLER ST

4. FEI Number

65-0834341

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State

23 MIAMI FL

City & State

28 MIAMI, FL

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

Zip Country USA

24 33143

25 JADE

Zip Country USA

29 33144

30 USA

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARGOLIS, JOHN A
9990 SW 77TH AVE, STE 330
MIAMI FL 33156-2699

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7884 W. FLAGLER ST

83

84 City Miami

FL

85 Zip Code 33144

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RIUS, RALPH
STREET ADDRESS 9990 SW 77TH AVE, STE 330
CITY-ST-ZIP MIAMI FL 33156-2699

DELETE

1.1 TITLE OFFICER VP PRES
1.2 NAME RAFAEL RIUS
1.3 STREET ADDRESS 7884 W FLAGLER ST
1.4 CITY-ST-ZIP MIAMI, FL 33144

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

2.1 TITLE VP PRES
2.2 NAME ANA NICOLES
2.3 STREET ADDRESS 7884 W FLAGLER ST
2.4 CITY-ST-ZIP MIAMI, FL 33144

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)