PROFIT CORPORATION ANNUAL REPORT*

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90003 024 ***150.00

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DOCUMENT #	7300000	40240

1. Corporation Name

SMART WIRELESS VENTURES, INC.

Principal Place	of Business	Mailing Address					WILL BRIST RESIL W	FRIE RIVIN 11817 D	IV(V B)((100)
100-SE 2ND ST SUITE 3700	REST	100 SE 2ND STREET SUITE 9700		ا.	A. s.				
MIAMI FL 33131				DO NOT WRITE IN THIS SPACE					
						 Date Incorporated or Qualifed 05/22/1998 	! 		
2. Principal Pl	ace of Business Science Ave	2a. Mailing Address 26 701 3 C.C.	ell			4. FEI Number 65-0842	130	Not	Applicable
Suite, Apt.	#, etc. #2000	Suite, Apt. #, etc.	0			5. Certificate of Status Desired		\$8.75 A	
City & State		City & State 28 MiAmi	T.			Election Campaign Financing Trust Fund Contribution		\$5.00 M Added to	, ,
Zip 24 331	Country	^{Zip} 33131 30	Coun	^{lry} ປຣ∳	7	This corporation owes the cur Personal Property Tax.		☐ Yes 〔	□No
Name and Address of Current Registered Agent						10. Name and Address of New	Registered /	Agent	
BEFELER, GEORGE 100 SE 2ND STREET SUITE 3700				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 70 Science The Street Address P.O. Box Number is Not Acceptable)					
	 FL 3313 1			34 City	m	i Ami	FL	85 Zip C	リる人
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	norized :	by the co	ed corpor progration	ration submits this statement for the 's board of directors. I hereby acce	spi ine appoir	illinent as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent	and title if poplicable /NOTE: Re	acietored A	aent sinnati	ire required s	when reinstating)	4-74 DATE	<u>~~~~</u> _	
12.	OFFICERS AND		13.	gent aignat	ne roquired	ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITL	E	CEC)-DIRECTOR		Change	Addition
NAME	ACOSTA, CARLOS		1.2 NAN	E	DA	11D BRILLEMBOURG	}-		
STREET ADDRESS	BOLIVIASTRAAT 9B			EET ADDRE	ss <i> 848</i>	BRICHEL AVE SIE	600		
CITY-ST-ZIP	ORANJESTAD, ARUBA		1.4 CIT	-ST-ZIP	MU	4M1, FC. 33131			
TITLE		☐ DELETE	2.1 TITL	E	PRE	SIDENT-SECRETARY-T	LEASULER.	- ⊡ Change	Addition
NAME			2.2 NAN	ΙE		NELOUS NARCISC	7		

2.3 STREET ADDRESS SE 600 STREET ADDRESS 848 BeiChELL AUE 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE PENE BRILEMBOURG 848 BRICKELL AU. STE 600 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 33131 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition VP. OPERATIONS 4.1 TITLE TITLE JORGE RINCON 4. 2 NAME NAME 848 Beicher AU STE 600 4.3 STREET ADDRESS STREET ADDRESS 33(3) CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE ☐ Addition 51 TITLE SALES & MARKETING-TITLE 5.2 NAME MEDICAL DAVID GILARRANZ NAME 5.3 STREET ADDRESS 848 BRICKEL AUE 51E 600 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

21. ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

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