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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000056347

1. Corporation Name

SMITH MOUNTAIN IMPACT SYSTEMS, INC.

Principal Place of Business

12207 S.W. 129 CT.
MIAMI FL 33186

Mailing Address

12207 S.W. 129 CT.
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1998

4. FEI Number

65-0847476

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐

Yes

☒

No

2. Principal Place of Business

21 11520 S.W. 120 Street

2a. Mailing Address

25 SAME AS IN # 2

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Miami, FL

City & State

26

Zip

24 33176

Country

25 Dade

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GONZALEZ, GEORGE R
12207 S.W. 129 CT.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	GONZALEZ, GEORGE R	
STREET ADDRESS	12207 S.W. 129 CT.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DC	☐ DELETE
NAME	MONTEAGUDO, MANUEL	
STREET ADDRESS	5875 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DVP	☒ DELETE
NAME	BELMONT, HERET	
STREET ADDRESS	011045 S.W. 52 DR.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	☒ Change ☐ Addition
1.2 NAME	George R. Gonzalez	
1.3 STREET ADDRESS	12207 S.W. 129 CT.	
1.4 CITY-ST-ZIP	Miami, FL 33186	
2.1 TITLE	Vice President	☒ Change ☐ Addition
2.2 NAME	Manuel Montequido	
2.3 STREET ADDRESS	5875 W. Flagler St	
2.4 CITY-ST-ZIP	Miami, FL 33144	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	President	☐ Change ☒ Addition
4.2 NAME	Jorge L. Cruz	
4.3 STREET ADDRESS	11939 S.W. 39 Ave	
4.4 CITY-ST-ZIP	Miami, FL 33175	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 FILING OFFICER OR DIRECTOR

3/22/99

Date

(305) 278-2878

Daytime Phone #

CR20534 (1/1/99)