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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000063911

1. Corporation Name

SMI SPECIALTY MERCHANDISE, INC.

Principal Place of Business	Mailing Address	
16701 N.W. 72ND COURT HIALEAH FL 33015	16701 N.W. 72ND COURT HIALEAH FL 33015	

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90142 020 ***158.75

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/21/1998 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65*-0*860187 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certifcate of Status Desired -Fee Required -27 22 \$5.00 May Be City & State City & State Election Campaign Financing П Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MARTINEZ, DAGOBERTO Street Address (P.O. Box Number is Not Acceptable) 82 16701 N.W. 72ND COURT HIALEAH FL 33015 83 City 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 amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. MARTINEZ SIGNATURE CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DFLETE TITLE 11 DTLE MARTINEZ, DAGOBERTO 1.2 NAME NAME 16701 N.W. 72ND COURT 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33015 CITY-ST-ZIF 1.4 CITY-ST-ZIP Addition ☐ Change □ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 employed to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in all other like empowered. Block 12 or Block 1 if changed, or on an attachment with

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1118 SIGNATURE AND TYPED OR PRINTED NAME OF SIGN