**PROFIT** CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

Suite, Axt. #, etc.

SIGNATURE:

City & State

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## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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

04-29-1999 90053 045 \*\*\*150.00

Aprilled For

\$8.75 A Iditional

Fee Required

\$5.00 May Be

Added to Fees

I⊒No

☐ Yes

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This curporation owes the current year intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Persor al Property Tax.

07/30/1998

1. Corporation Name SMILE BRITE, INC.	P98000066934	
Principal Place of Business	Mailing Address	1 1991(98) tra lega (91); Balli Balli Balli Balli
9920 S.W. 7.2 STREET MIAMI FL 33173	9920 S.W. 72 STREET Miami Fl 33173	OO NOT WELT IN THE COACE

Country

81 Name

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2a, Mailing Address

City & State

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Suite, Apt. #, etc.

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Cour try

FERNANDEZ, ANA SAQUI

9. Name and Address of Current Registered Agent

FERNANDEZ, ANA SAUUI 15025 S.W. 88 LANE		82	Street	Acdress (P.O. Box Number is Not Acce	otable)				
			83						
****							85 Zip C		
			84	City		FL	85 Zip C	, De	i
Office ere	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 at cept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE		· · · · · · · ·			rage and when reinstating)	DATE			_
	Signature, typed or printed in in e of registered agent and title if applicable OFFICERS AND DIRECTORS		13.	agnature :	ADDITIONS/CHANGES TO C		ND DIRECTOR	S IN 12	ξ
12.	ANA SAQUI 99205W7251 miami, FL 33173 President	DELETE □	1.1 TITLE		111 Prevalet			Addition	3
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NAME	affans.w 7211			*******				- 1	Š
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TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME		1	6.2 NAME						
STREET ADDRESS			63 STREET	ADDRESS					
City-ST-ZIP			6.4 CITY-S1		<u> </u>		<del> </del>		
4. 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 cartify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature is shall have the same legal effect as if made under oath; that I run 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 over an attachment with an address, with a Lother like empowered.									