## 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

## DOCUMENT # P98000084800 1. Corporation Name

SMILE MARKET, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

9032 N.W. 12TH ST. MIAMI FL 33172

City &

9032 N.W. 12TH ST. MIAMI FL 33172

City & State

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## Apr 08, 1999 8:00 am Secretary of State

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DO NOT WRITE IN THIS S	SPACE
<ol><li>Date Incorporated or Qualified</li></ol>	
10/02/19 <u>98</u>	
4 ECI Number	Applied For
65-0874723	Not Applicable

5. Certifcate of Status Desired

6. Election Campaign Financing

\$8.75 Additional

Fee Required

\$5.00 May Be

23 /	MAMI, FL	28 MAMI,	FL		Trust Fund Contribution	- 11 '	dded to	Fees
Zin	5/26 25 DADE	Zip 22/2/a 5	Counti	DADE	8. This corporation owes the Personal Property Tax.	Y	es (	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of	New Registered Agent	<u> </u>	
			8	1 Name 7	) ANIEL Fu	Jita		ļ
FUJITA, DANIEL 82			2 Street Addre	ess (P.O. Box Number is Not A	Acceptable)			
	2 N.W. 12TH ST.		_	$\perp$ $  -$	1925 NW 1.	2 street		
MIAI	MI FL 33172 .		8	3 <b>′</b> ≤	Suite 112			
		r	8	4 City		85	Zip Co	ode
					NIAMI	FL for the purpose of chang		
l office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	t Florida. Such change was au	unonzea o	v the corporation	oration submits this statement i on's board of directors. I hereby	accept the appointment	nt as regi	stered
agent. I a	im familiar with, and accept the obligati	ons of, Section 607.0505, Flor	ida Statute	is.		asla 195		
SIGNATURE	UANIEL FUSITA	1 1	Pagistared As	ent sonature required	d when reinstation)	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	183.	Jan. Porlatore required	ADDITIONS/CHANGES	TO OFFICERS AND DIF	RECTOR	S IN 12
TITLE	PRESIDENT/VA/TIEASULA DANIEL FYJII 7925 NW 12 ST MIAMI, FL 33,	1/SEL DELETE	1.1 771.6				hange	☐ Addition
NAME	DANIEL FITT	<i>-</i> Δ	1.2 NAME	<b>.</b>				
STREET ADDRESS	DANIEL TYSII	Suite 112	1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 331	126	1.4 CITY-	-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME			2.2 NAME	:				
STREET ADDRESS			2.3 STRE	ET ADDRESS			<u></u>	
CITY-ST-ZIP		: سبسي چون سيسه مين	2. 4 CITY	-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			П	Change	Addition
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STREET ADDRESS			3.3 STRE	ET ADORESS				
CITY-ST-ZIP_		(T) per exe	3.4. CITY				Change	Addition
TITLE		(]] DELETE	4.1 TITLE			۵,	า.หม.เคี <sub>6</sub>	
NAME			4. 2 NAM	_				
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NAME expect apposes				ET ADDRESS				
STREET ADDRESS	'		5.4 CITY-			-		
CITY-ST-ZIP TITLE	·	☐ DELETE	6.1 TITLE				Change	Addition
NAME		-	6.2 NAMI	E				
STREET ADDRESS			8.3 STRE	ET ADDRESS				
1			1					

NW 12 STICET

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.