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Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S23025

(7)

1. Corporation Name  
S MT ENTERPRISES, INC.

Principal Place of Business

1800 W 68 ST, 206  
HIALEAH FL 33014  
US

Mailing Address

1800 W 68 ST, 206  
HIALEAH FL 33014-4462  
US

2. Principal Place of Business

21 220 West 53rd St.

Suite, Apt. #, etc.

22

City & State

23 Hialeah, FL

Zip

24 33012

Country

25 USA

2a. Mailing Address

26 220 West 53rd St.

Suite, Apt. #, etc.

27

City & State

28 Hialeah, FL

Zip

29 33012

Country

30 USA

9. Name and Address of Current Registered Agent

DIAZ, MANUEL A.  
220 WEST 53RD ST.  
HIALEAH FL 33012

3. Date Incorporated or Qualified

01/04/1991

3a. Date of Last Report

04/19/1996

4. FEI Number

65-0239703

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

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 607.1608, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DIAZ, MANUEL A.  
STREET ADDRESS 220 W. 53RD ST.  
CITY-ST-ZIP HIALEAH FL

TITLE VP ☐ DELETE

NAME DIAZ, TERESA  
STREET ADDRESS 220 W 53 ST  
CITY-ST-ZIP HIALEAH FL

TITLE S ☒ DELETE

NAME DIAZ, MAYTE  
STREET ADDRESS 13621 SW 18 ST  
CITY-ST-ZIP MIRAMAR FL

TITLE T ☒ DELETE

NAME DIAZ, MANUEL A JR  
STREET ADDRESS 1362 SW 18 ST  
CITY-ST-ZIP MIRAMAR FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 do 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.

SIGNATURE:

 SIGNATURE: Manuel A. Diaz

4/18/97 (305) 823-5285

CR2E034 (9/96)