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FILED
Jun 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60430

(3)

1. Corporation Name
S. M. G. T. CORP.



Principal Place of Business

3758 PRAIRIE AVE
MIAMI BEACH FL 33140

Mailing Address

3758 PRAIRIE AVE
MIAMI BEACH FL 33140-3430

2945 FLAMINGO DR.
MIAMI BEACH, FL 33140-3916

2945 FLAMINGO DR.
MIAMI BEACH, FL 33140-3916

2. Principal Place of Business

21 4014 CHASE AVE.

2a. Mailing Address

26 2945 FLAMINGO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 214

27

City & State

23 MIAMI BEACH, FL.

City & State

28 MIAMI BEACH, FL.

Zip

24 33140

Country

25 USA

Zip

29 33140

Country

30 USA

9. Name and Address of Current Registered Agent

GENET, S. MICHAEL

3758 PRAIRIE AVE 2945 FLAMINGO DR.
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified

06/18/1991

3a. Date of Last Report

08/07/1996

4. FEI Number

65-0273933

Applied For

Not Applicable

5. Certificate of Status Desired

Yes

\$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 607.1508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GENET, MICHAEL
STREET ADDRESS 3758 PRAIRIE AVE 2945 FLAMINGO DR.
CITY-ST-ZIP MIAMI BCH FL 33140-3916

TITLE VST
NAME GENET, CHAVA
STREET ADDRESS 3758 PRAIRIE AVE 2945 FLAMINGO DR.
CITY-ST-ZIP MIAMI BCH FL 33140-3916

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 or on an attachment with an address.

SIGNATURE

S. MICHAEL GENET 5/10/97 305-672-1122

CP2E034 (9/96)