

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S87630 (7)

1. Corporation Name

SMT INC.



Principal Place of Business

**10556 NW 26 STREET
STE D-101
MIAMI FL 33172-2159
US**

Mailing Address

**10556 NW 26 STREET
STE D-101
MIAMI FL 33172-2159
US**

3. Date Incorporated or Qualified
10/16/1991

3a. Date of Last Report
02/07/1995

4. FEI Number

65-0288533

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**AZEL, JORGE
10556 NW 26TH STREET
SUITE D-101
MIAMI FL 33172**

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 607.0600 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of person authorized to change the corporation's registered office or registered agent, or both, in the State of Florida.

Date of Signature (MM/DD/YYYY)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPS**
STREET ADDRESS **AZEL, JORGE**
CITY-ST-ZIP **10556 NW 26 ST., STE. D-101**
MIAMI FL

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **AZEL, JORGE**
CITY-ST-ZIP **10556 NW 26 ST., STE. D-101**
MIAMI FL

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **AZEL, JORGE JR.**
CITY-ST-ZIP **10556 NW 26 ST., STE. D-101**
MIAMI FL

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **FERENCZI, EDWARD J.**
CITY-ST-ZIP **10556 NW 26 ST., STE. D-101**
MIAMI 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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

**600001877696
-06/27/96--01030--005
***200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Jorge Azel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE AZEL

4/25/96

(305) 477-0515

CS 5/1/96

CR2E034 (12/95)