

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 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
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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 33172-2161
US**



3. Date Incorporated or Qualified **10/16/1991** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 2043 NW 87 Avenue		26 2043 NW 87 Avenue		65-0288533		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23 Miami, Fla.		28 Miami, Fla.					
Zip		Zip					
24 33172		29 33172					
Country		Country					
25 US		30 US					

9. Name and Address of Current Registered Agent

**AZEL, JORGE
10556 NW 28TH 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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZEL, JORGE	1.2 NAME	
STREET ADDRESS	10556 NW 28 ST., STE. D-101	1.3 STREET ADDRESS	2043 NW 87 Avenue
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami, Fla. 33172
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZEL, JORGE	2.2 NAME	
STREET ADDRESS	10556 NW 28 ST., STE. D-101	2.3 STREET ADDRESS	2043 NW 87 Avenue
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	Miami, Fla. 33172
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZEL, JORGE JR.	3.2 NAME	
STREET ADDRESS	10556 NW 28 ST., STE. D-101	3.3 STREET ADDRESS	2043 NW 87 Avenue
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	Miami, Fla. 33172
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERENCZI, EDWARD J.	4.2 NAME	
STREET ADDRESS	10556 NW 28 ST., STE. D-101	4.3 STREET ADDRESS	2043 NW 87 Avenue
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	Miami, Fla. 33172
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97

Date

305 477 0515

Daytime Phone #

0232489

CP2E034 (9/96)