FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY -1 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V12419** **(0)**

1. Corporate Name

MEDICAL SERVICE AND MARKETING INC.

Principal Place of Business	Mailing Address
7008 LOCH ISLE DRIVE MIAMI LAKES FL 33014	7008 LOCH ISLE DRIVE MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/06/1992**	3a. Date of Last Report: **04/07/1994**
4. FEI Number: **65-0313653**	☐ 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 only for jurisdictional tax under s. 220.131, Florida Statutes ☒ Yes ☐ No	

21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. # or rm.	27 Suite, Apt. # or rm.
23 City & State	28 City & State
24 ZIP / 25 County	29 ZIP / 30 County

9. Name and Address of Current Registered Agent

OVEDIA, FOUAD
7008 LOCH ISLE DRIVE
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section 607.0501 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. Said 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: (Required if this is a change of registered agent. Typed or printed name of registered agent and date must also be entered.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	DPT	01 TITLE	☐ Change ☐ Addition
02 NAME	OVEDIA, FOUAD	02 NAME	
03 STREET ADDRESS	7008 LOCH ISLE DRIVE	03 STREET ADDRESS	
04 CITY, ST, ZIP	MIAMI LAKES FL	04 CITY, ST, ZIP	
05 TITLE	DVS	05 TITLE	☐ Change ☐ Addition
06 NAME	OVEDIA, YONA	06 NAME	
07 STREET ADDRESS	7008 LOCH ISLE DRIVE	07 STREET ADDRESS	
08 CITY, ST, ZIP	MIAMI LAKES FL	08 CITY, ST, ZIP	
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY, ST, ZIP		12 CITY, ST, ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY, ST, ZIP		16 CITY, ST, ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY, ST, ZIP		20 CITY, ST, ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY, ST, ZIP		24 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely true and 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 above, or on an attachment with an address.

SIGNATURE: Fouad Ovedia 4-25-95 362-4310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004310 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED

DO NOT WRITE IN THIS SPACE

DOCUMENT # V12833 (2)

1. Corporation Name
SMART BUSINESS CORP.

Principal Place of Business	Mailing Address
7030 NW 50TH STREET SUITE 638 MIAMI FL 33166 US	800 W. AVE. SUITE 638 MIAMI BEACH FL 33139

3. Date Incorporated or Qualified	3a. Date of Last Report
02/10/1992	06/01/1994

4. FEI Number: 65-0316008 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POSSAGNO, GLAUDIO 800 W AVE STE 638 MIAMI BEACH FL 33139	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	PD ☐ Change ☒ Addition
NAME	POSSAGNO, CLAUDIO L.	1 NAME	MANUEL GARCIA GARCIA
STREET ADDRESS	800 W. AVE. STE 638	1 STREET ADDRESS	12916 SW 133 Ct. Miami Fl
CITY-ST-ZIP	MIAMI BEACH FL	1 CITY-ST-ZIP	
TITLE	VSD	2 TITLE	VSD ☒ Change ☐ Addition
NAME	FRECHA, ROMINA	2 NAME	POSSAGNO CLAUDIO
STREET ADDRESS	800 WEST AVE / STE 638	2 STREET ADDRESS	800 WEST AVE. Miami Bch.
CITY-ST-ZIP	MIAMI BEACH FL	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is adequately formatted and does not qualify for the exemption stated in Section 119.07(1)(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] 11-30-95 532-0544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420202 FP