DOCUMENT # V35970 (5) SMA DEVELOPMENT CORP.  Principal Floor of business  About A 25000  25	•	PROFIT RPORATION JAL REPORT 1996	Sandra B Secretar	TMENT OF STATE  . Mortham y of State ORPORATIONS		
Principal Place of Business  Making Address  205 W R ST HALEH R 2006  2 Principal Place of Business  2 A Mailing Address  2 Side April R 2018  2 Side April		MENT # <b>V3597</b>	<b>'</b> 0 (5)			
226 W RS S   F   727 WH 127H ST   PH   PH   PH   PH   PH   PH   PH   P	SIMA	A DEVELOPMENT CORP.			i paali bilaan mala bina halla la	Bil DDIF Gillis Giğil Diğil Biğil gildir gildir gildir
### MALEH R. 30016 #### 12 1378 ### 12 137	Principal Place	e of Business	Mailing Address			
Principal Place of Business   2a. Mailro, Advisos   4. FET Number   Applies For State   Applies For Stat			PH-1 Miami Fl 33126		2 Data Incorporated or Qualified	2a. Date of Lost Coppet
Sulfe, Apt. #, etc.    26			US 			, , ,
Sure. Apt. 8, etc.    Sure. Apt. 8, etc.   Sure. Ap		ace of Business	——————————————————————————————————————			<del></del>
City & State    City & State   City	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22 D Country 2p Country 2p Country 2p Country 30 Country 6. This Grant Contribution 1 Country 6 Added to Fees Adde		e				Fee Required
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.C. Box Number is Not Acceptable)  13. Name  14. Orly  15. Ph. St. 720 Code  16. Ph. St. 720 Code  17. Ph. St. 720 Code  18. Ph. St. 720 Code  19. Ph. St. 720 Code  10. Ph. St. 720 Code	_		- <del>                                     </del>		Trust Fund Contribution	Added to Fees
BRODE, SIDNEY Z. 7270 NW 12 ST PH- MAMI FL 33128  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Honda Statutes, the above-named corporation submits this statement for the purpose of changing is registered office or registered against, or both, in the State of Honda. Such change was surfround by the opporation's board of directors' I hereby accept the appointment as registered director or registered against, or both, in the State of Honda. Such change was surfround by the opporation's board of directors' I hereby accept the appointment as registered director or registered against, or both, in the State of Honda. Such change was surfround by the opporation is board of directors' I hereby accept the appointment as registered director or registered against. I am a surface of the opporation of short of directors' I hereby accept the appointment as registered director or surface. I hereby accept the appointment as registered director or surface. I hereby accept the appointment as registered directors in hereby accept the appointment as registered directors. I hereby accept the appointment as registered directors in hereby accept the appointment as registered directors. I hereby accept the appointment as registered again. I am a provision accepts and	· ·	·		<del>-</del> , ′		
BRODIE, SIDNEY Z. 7270 NW 12 ST PH  MAMI FL 33128  28 Street Address (P.O. Box Number is Not Acceptable)  38   84   City   FL   85   Zip Code  T1. Pursuant to the provisions of Sections 607.0502 and 807.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. I am formally with an address the debuggletors of, Social for 1507-1509. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am formally with an address the debuggletors of, Social for 1507-1509. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am formally with an address of the debuggletors of, Social for 1507-1509. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am formally with a statement for the purpose of changing its registered agent. I am formally with a statement for the purpose of changing its registered agent. I am formally with a statement for the purpose of changing its registered agent. I am formally with a statement for the purpose of changing its registered agent. I am formally with a statement for the purpose of changing its registered agent. I am formally with a statement for the purpose of changing its registered agent. I am formally a statement for the purpose of changing its registered agent. I am formally a statement for the purpose of changing its registered agent. I am formally a statement for the purpose of changing its registered agent. I am formally a statement for the purpose of changing its registered agent. I am formally a statement for the purpose of changing its registered agent. I am formally a statement for the purpose of changing its registered agent. I am formally a statement for the purpose of changing its registered agent. I am formally a statement for the purpose of changing its registered agent. I am formally a statemen		9. Name and Address of Current	Registered Agent	91 Nome	10. Name and Address of New R	egistered Agent
SIGNATURE System to people or preter name of roughtered agent and size in agriculture. Special people or preter name of roughtered agent and size in agriculture. Special people or preter name of roughtered agent and size in agriculture. Special people or preter name of roughtered agent and size in agriculture. Special people or preter name of roughtered agent and size in agriculture. Special people or preter name of roughtered agent and size in agriculture. Special people or preter name of roughtered agent and size in agriculture. Special people or preter name of roughtered agent and size in agriculture. Special people or preter name of roughtered agent and size in agriculture. Special people or preter name of roughtered agent and size in agriculture. Special people or preter name of roughtered agent and size in agriculture. Special people or preter name of roughtered agent and size in agriculture. Special people or preter name of roughtered agent and size in agriculture. Special people or preter name of roughtered agent and size in agriculture or preter name of roughtered agent and size in agriculture or preter name of roughtered agent and size in agriculture or preter name of roughtered agent and size in agriculture or preter name of roughtered agent and size in agriculture or preter name of roughtered agent and size in agriculture or preter name of roughtered agent and size in agriculture or preter name of roughtered agent and size in agriculture or preter name of roughtered agent and size in agriculture or preter name of roughtered agent and size in agriculture or preter name and size in agriculture or name of roughtered agent and size in agriculture or name or name or name agent agent or name	7270   PH-I MIAMI	NW 12 ST I FL 33126		83 84 City		FL 85 Zip Code
12. OFFICERS AND DIRECTORS IN 12  TITLE PSD   DELETE   1   TITLE   Change   Addition    BROOK, SIDNEY Z.   12   MAME   STREET ADDRESS    CITY-ST-ZIP MAINI FL.   DELETE   3   TITLE   Change   Addition    BERG ADMINISTRET ADDRESS   STREET ADDRESS    CITY-ST-ZIP   Addition    STREET ADDRESS   Addition	familiar wit			the above-named corpor by the corporation's boar	ration submits this statement for the pur rd of directors. Thereby accept the appo	oose of changing its registered office introduced introduced agent. I am
MAM FL  VTD   DELETE   14 DITY-ST-ZIP    ITILE   VTD   DELETE   2 1 HTTLE   Change   Addition    STREET ADDRESS   7270 NW 12TH ST., PH-1   23 STREET ADDRESS    CITY-ST-ZIP   MAINI FL   DELETE   3 1 HTTLE   Change   Addition    NAME   STREET ADDRESS   32 STREET ADDRESS    CITY-ST-ZIP   DELETE   3 1 HTTLE   Change   Addition    NAME   STREET ADDRESS   34 STREET ADDRESS    CITY-ST-ZIP   DELETE   1 HTTLE   Change   Addition    NAME   STREET ADDRESS   34 STREET ADDRESS    CITY-ST-ZIP   44 CITY-ST-ZIP    TITLE   DELETE   5 1 HTTLE   Change   Addition    NAME   STREET ADDRESS    CITY-ST-ZIP   S4 STREET ADDRESS    CITY-ST-ZIP   S7 STREET ADDRESS    CITY-ST-ZIP   S7 STREET ADDRESS    CITY-ST-ZIP   S6 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		· <u> </u>		DATE CERS AND DIRECTORS IN 12
MAM FL  ITTLE  VTD  DELETE  2 HITTLE  VTD  DELETE  2 HAME  STREET ADDRESS  7270 NW 12TH ST., PH-1  23 STREET ADDRESS  CITY-ST-2IP  MAMN FL  DELETE  3 HTTLE  DELETE  3 HTTLE  DELETE  34 CITY-ST-2IP  MAMN FL  DELETE  41 TITLE  MAME  STREET ADDRESS  CITY-ST-2IP  DELETE  5 HTTLE  DELETE  BELETE ADDRESS  CITY-ST-2IP  14 LI DO hereby certify that the information supplied with this filing is voluntarily formished and decrease and that the information indicated on this annual report for supplemental annual report is the send the presentation shall be not be send the send the send the send the present of t		PSD		· · · · · · · · · · · · · · · · · · ·	TODAY OF THE CONTROL OF THE	Change Addition
CITY-ST-ZIP MIAM FL  TITLE VTD DELETE 2 1 TITLE 2 Change Addition  STREET ADDRESS 7270 NW 12TH ST., PH-1  STREET ADDRESS 7270 NW 12TH ST., PH-1  DELETE 3 1 TITLE Change Addition  AMME 32 NAME 32 NAME  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 3 1 TITLE Change Addition  AMME 32 NAME 32 NAME  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 4 1 TITLE Change Addition  AMME ADDRESS CITY-ST-ZIP  TITLE DELETE 4 1 TITLE Change Addition  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 5 1 TITLE Change Addition  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 5 1 TITLE Change Addition  NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 5 1 TITLE Change Addition  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 5 1 TITLE Change Addition  STREET ADDRESS CITY-ST-ZIP  TITLE CHANGE S STREET ADDR						85
NAME STREET ADDRESS 7270 NW 12TH ST., PH-1 23 STREET ADDRESS CITY-ST-2IP MAIN! FL 24 CITY-ST-2IP  TITLE						L
TYZYO NW 12TH ST., PH-1  CITY-ST-ZIP  MAIM! FL  CITY-ST-ZIP  TITLE  CITY-ST-ZIP  MAIM! FL  CHange Addition  AMME  STREET ADDRESS CITY-ST-ZIP  TITLE  CITY-ST-ZIP  TITLE  CHANGE ADDELETE ALTITLE ADDELETE ADDELETE ALTITLE ADDELETE ADDELETE ADDELETE ALTITLE ADDELETE			☐ DELETE			☐ Change ☐ Addition ☐
TITLE DELETE 3 1 TITLE DELETE 3 2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE DELETE 4.1 TITLE DELETE 5.1 TITLE DELETE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE DELETE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE DELETE DELETE 5.1 TITLE DELETE D	STREET ADDRESS	7270 NW 12TH ST., PH-1				
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STRET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STRE	CITY-ST-ZIP	MAIMI FL	DELETE	<del></del>		Change C Addition
CITY-ST-ZIP  34 CITY-ST-ZIP  TITLE  DELETE  4 1 TITLE  Addition  42 NAME  42 NAME  43 STREET ADDRESS  CITY-ST-ZIP  44 CITY-ST-ZIP  TITLE  DELETE  5 1 TITLE  Change Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  54 CITY-ST-ZIP  TITLE  DELETE  6 1 TITLE  Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Change Addition  Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Change Addition  Addition  AMME  62 NAME  STREET ADDRESS  CITY-ST-ZIP  44 CITY-ST-ZIP  Addition  AMME  63 STREET ADDRESS  CITY-ST-ZIP  44 CITY-ST-ZIP  Addition  AMME  64 CITY-ST-ZIP  Addition  Addition  AMME  FIRET ADDRESS  CITY-ST-ZIP  44 CITY-ST-ZIP  Addition  Addition  AMME  Addition  Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  44 CITY-ST-ZIP  Addition  Additio	TITLE		_	3 2 NAME		_ transfer
TITLE DELETE 4 1 TITLE Change Addition  NAME  STREET ADDRESS  CITY - ST- ZIP  44 CITY - ST- ZIP  44 CITY - ST- ZIP  TITLE DELETE						
STREET ADDRESS CITY - ST - ZIP  11TLE	NAME STREET ADDRESS			3.4 (111 - 31 - 21)		
CITY-ST-ZIP  TITLE  DELETE  5 TITLE  SAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5 TITLE  Change Addition  Addition  52 NAME  53 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6 1 TITLE  Change Addition  62 NAME  STREET ADDRESS  CITY-ST-ZIP  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 is true and accurate and that my signature shall have the same local effect as if mode under 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 local effect as if mode under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same local effect as if mode under	NAME STREET ADDRESS CITY-ST-ZIP		☐ DELĒTE			Change  Addition
TITLE DELETE 5   TITLE DELETE 5   TITLE DELETE 5   Addition NAME  STREET ADDRESS  CITY-ST-ZIP 54 CITY-SI-ZIP  TITLE DELETE 6   TITLE DELETE 6	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	4. 1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS  CITY-ST-ZIP  54 CITY-ST-ZIP  54 CITY-ST-ZIP  54 CITY-ST-ZIP  61 TITLE  62 NAME  52 NAME  52 NAME  63 STREET ADDRESS  CITY-ST-ZIP  64 CITY-ST-ZIP  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 is true and accurate and that my signature shall have the same local effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same local effect as if made under the same local e	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4. 1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP  TITLE    DELETE   DELETE   Change   Addition	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		_	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE DELETE 6 1 TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  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 1 19.07(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 level effect as if made under	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		_	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME		
STREET ADDRESS  63 STREET ADDRESS  64 CITY-ST-ZIP  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 is true and accurate and that my signature shall have the same level effect as if made under	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
64 DITY-ST-ZIP  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 is true and accurate and that my signature shall have the same legal effect as if made under	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
Certify triat the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
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	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETÉ	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		Change Addition