2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS QTY-ST-ZIP

SIGNATURE:

SIGNATU

FILED Mar 26, 2004 08:00 AM Secretary of State **DOCUMENT # P97000060111** SIM2 SELECO U.S.A., INC. " Mailing Address Principal Place of Business 10108 USA TODAY WAY 10108 USA TODAY WAY MIRAMAR, FL 33025 MIRAMAR, FL 33025 US No Chg-P CR2E034 (10/03) 01162004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0777464 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COPROLITE CORPORATION 1400 SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST THIRD AVENUE IN THIS SPACE MIAMI, FL 33131 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Skinnting typed or printed name of registered agent and fills if applicable. (NOTE Registered Agent signature required when reliestating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. CORAZZA, GIORGIO NAME 10108 USA TODAY WAY STREET ADDRESS CITY-ST-7/P MIRAMAR, FL 33025 TITLE U00000036717 CINI, MAURIZO NAME 03/26/04-80008-017 150.00 STREET ADDRESS 10108 USA TODAY WAY MIRAMAR, FL 33025 CITY-ST-ZIP स्म ह MASSE DROOK, DAN STREET ADDRESS 10108 USA TODAY WAY DO NOT WRITE MIRAMAR, FL 33025 CITY-ST-ZIP IN THIS SPACE TITLE MASSE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME

12. I hereby certify that the information supplied with this litting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplignment 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment within address, with all other like empowered.

AND TYPED OR PRINTED WANT OF SIGNING OFFICER OR DIRECTOR