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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 23 1997 8:00am Secretary of State

DOCUMENT # K20308

(8)

S.I.M.A.C. INTERNATIONAL, INC.

Principal Place of Business 905 E. MARTIN LUTHER KING JR. DR. TARPON TOWER. SUITE 520 TARPON SPRINGS FL 34689		Mailing Address 905 E. MARTIN LUTHER KING JR. DR. TARPON TOWER. SUITE 520 TARPON SPRINGS FL 34689-4864			t 16412111 See 11914 gened (1411 Select 1511 Short albut siell) Sizil Stall Sizil Sizil		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2880192 Not Applicable		
Suite, Apt #, etc.		Suite, Apt. #, etc			5. Certificate of Status Desired		75 Additional se Required
City & State	e	City & State	***************************************		6. Election Campaign Financing	\$5	.00 May Be
23		28			Trust Fund Contribution		Ided to Fees
Zip	Country Zip		Country	,	8. This corporation has liability for i	ntangible tax un	der s. 199.032,
24	25	29	30		Florida Statutes	∜Yes □ No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
GAS	isman, alan s.		81	Name			
	2 Court Street, Ste B Arwater FL 34616		82	Street Ad	dress (P.O. Box Number is Not Acceptab	ile)	
	ANNAILA I C STOTO		83				
			84	City		FL 85	Zip Code
	607.00	20 - 1 007 1500 Ft 11. 01.1			orporation submits this statement for the p		to o' be d'Origina e
office or r	egistered agent or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was patiens of, Section 607.0505, F	authorized by lorida Statute	y the corpor s.	ation's board of directors. I hereby accep	ot the appointme	nt as registered
12.	Signature, fysical or printed name of registered ag	ID DIRECTORS	13.	ent signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE		
	ANDREW, DENNIE J.	Mutan	1.2 NAME		AUGUSTO IVANCIC	L 51.K	THE CHILD NAME OF
NAME	15 CENTRAL COURT				810 Mariner Drive, f	10t 207	
STREET ADDRESS	TARPON SPRINGS FL 34689			ADDRESS	BIO mariner brive,	111-00	
CITY-ST-ZIP	D	DELETE	1.4 CITY - S	ST-ZIP 1	rarpon Springs, FL3	ԴաՇ Դ ∐ Ch	anne Addition
TITLE	SCLIPPA, FERRUCCIO	☐ been	2.1 TITLE				ailite TT Madainti
NAME	15 CENTRAL COURT		2.2 NAME				
STREET ADORESS	TARPON SPRINGS FL			ADDRESS			
CITY-ST-ZIP	D	DELETE	2. 4 CITY - 3.1 TITLE	SI-ZIP		☐ Ch	ange Addition
TITLE	FATTORI, MARCO	L.J OCTUB				L., 61k	ange La Manitott
NAME	15 CENTRAL COURT		3.2 NAME				
STREET ADDRESS	TARPON SPRINGS FL			ADDRESS			
CITY-ST-ZIP TITLE	INVOITMING FL	DELETE	3.4. CITY-	\$1-ZIP		Ch	ange Addition
		f"") DEFEIG				OIR	ango <u>L.</u> Hodnicki
NAME			4. 2 NAME	1000000			
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP	<u> </u>	DELETE	4.4 City - 5	si - ZIP		☐ Ch	ange Addition
TITLE							ango [] ruxiliUli
NAME			5 2 NAME				
STREET ADDRESS			1	ADDRESS			
CITY - ST - ZIP		T per rac	5.4 C(TY - 1	ST-ZIP			ange dadist
THILE		☐ DELETE	61 TITLE			LI Chi	ange L. Addition
NAME			62 NAME				
STREET ADDRESS			63 STREE	ADDRESS			
CITY-SI-ZIP			64 CiTY-				-,- 1
14. Ldo here!	by certify that the information supplie	ed with this filing does not qua-	lity for the exa	emption stat	ted in Section 119.07(3)(i). Florida Statute	s i further certify	that the

• For nearby coarmy that the information supplied with this thing does not quality for the exemption 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 TYPES OR CHANTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

813-984-8082