

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 4:13

DOCUMENT # L19996

(2)

1. Corporation Name

SIMPS GROUP CORP.

Principal Place of Business

782 NW LEJEUNE RD
STE 448
MIAMI FL 33126

Mailing Address

782 NW LEJEUNE RD
STE 448
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/03/1989

3a. Date of Last Report

08/09/1994

4. FEI Number

65-0148233

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 liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 782 NW LEJEUNE RD.

2a. Mailing Address

26 782 NW LEJEUNE RD.

Suite, Apt. #, etc.

22 STE. 436

Suite, Apt. #, etc.

27 STE. 436

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33126

Country

25 USA

Zip

29 33126

Country

30 USA

9. Name and Address of Current Registered Agent

MARQUEZ, JOSE M.
780 NW LEJEUNE RD
SUITE 400
MIAMI FL 33126

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME CASTRO BACA, ROBERTO
STREET ADDRESS 10269 SW 139TH CT
CITY-ST-ZIP MIAMI FL

TITLE VAS
NAME LOCK, WILLIAM
STREET ADDRESS 6301 NW 201ST ST.
CITY-ST-ZIP HIALEAH FL

TITLE D
NAME GUTIERREZ, MOISES
STREET ADDRESS 782 NW LEJEUNE RD #448
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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 110.07(3)(b), 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 as required, or on an attachment with an address.

SIGNATURE:

ROBERTO CASTRO - President

08/02

(305) 444-5523

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #