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**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90016 033 \*\*\*150.00

0133/21

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # L42379**

1. Corporation Name  
**SIMBA OF MIAMI, INC.**



Principal Place of Business

%JAMES A. FULGINITI  
 2393 W. 76TH ST.  
 HIALEAH FL 33016

Mailing Address

%JAMES A. FULGINITI  
 2393 W. 76TH ST.  
 HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1990

4. FEI Number

65-0169837

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

FULGINITI, JAMES A.  
 2393 W. 76TH ST.  
 HIALEAH FL 33016

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  DELETE

NAME PD SCHECHTER, JAY D.  
 STREET ADDRESS 2201 STAHAM BLVD.  
 CITY-ST-ZIP OXNARD CA

TITLE  DELETE

NAME VD STOUT, JOHN E.  
 STREET ADDRESS 142 TIMBER RD.  
 CITY-ST-ZIP NEWBURY PAK CA

TITLE  DELETE

NAME VD SEELER, STUART A.  
 STREET ADDRESS 1513 JOSHUA PL.  
 CITY-ST-ZIP CAMARILLO CA

TITLE  DELETE

NAME STD FULGINITI, JAMES A.  
 STREET ADDRESS 5341 HAWKES BLUTT AVE.  
 CITY-ST-ZIP DAIVE FL

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

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  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James A. Fulginiti*  
**REQUIRED**

4-6-99

Date

3058282096

Daytime Phone #

CR2E034 (11/98)