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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Manning
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M49578 (1)
1. Corporation Name
SIMPORT EXPRESS CORPORATION

Principal Place of Business Mailing Address
**2301 COLLINS AVE
STE. A-526
MIAMI BEACH FL 33139
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/02/1987** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2796300** 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 2a. Mailing Address
21 **2351 COLLINS AVE.** 26 **2351 COLLINS AVE.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **A-526**
City & State City & State
23 **MIAMI BEACH FL.** 28 **MIAMI BEACH, FL.**
Zip Country Zip Country
24 **33139** 25 **U.S.** 29 **33139** 30 **U.S.**

9. Name and Address of Current Registered Agent
**MURILLO, JORGE A
2301 COLLINS AVE., STE. A-526
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent
81 Name **MURILLO JORGE A.**
82 Street Address (P.O. Box Number is Not Acceptable)
2301 COLLINS AVE. A 526
83
84 City **MIAMI BEACH** FL 85 Zip Code **33139**

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 **JORGE A. MURILLO** PRESIDENT **FEB. 24, 95**
(Print or type name of registered agent and date) (NOTE: Registered Agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUTIERREZ, JORGE MURILLO
STREET ADDRESS	2301 COLLINS AVENUE 526-A
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	MURILLO, JORGE G.
STREET ADDRESS	2301 COLLINS AVENUE 526-A
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VSD
NAME	MURILLO, MIGUEL A.
STREET ADDRESS	2301 COLLINS AVENUE, 526-A
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VSD
NAME	PENARANDA, MIGUEL MURILL
STREET ADDRESS	17440 NW 67TH CT, APT A
CITY-ST-ZIP	MIAMI FL
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	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MURILLO JORGE A.	
1.3 STREET ADDRESS	2301 COLLINS AVENUE 526-A	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
2.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MURILLO JORGE G.	
2.3 STREET ADDRESS	2301 COLLINS AVENUE 526-A	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
3.1 TITLE	VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MURILLO MIGUEL	
3.3 STREET ADDRESS	2301 COLLINS AVENUE 526-A	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(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 this 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 checked, in an attachment with this filing.

SIGNATURE: **JORGE A. MURILLO** PRESIDENT **FEB. 24, 95** 305-534-0561
(Print or type name of signing officer or director) (Date) (Phone Number)