

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

FILED

**Feb 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business
**2351 COLLINS AVE
MIAMI BEACH FL 33139
US**

Mailing Address
**2301 COLLINS AVE
A-526
MIAMI BEACH FL 33139-1634
US**

3. Date Incorporated or Qualified **04/02/1987** 3a. Date of Last Report **09/24/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26 **2301 Collins Ave.**
Suite, Apt. #, etc.
27 **#1610A**
City & State
28 **miami Bch, FL**
Zip
29 **33139** Country
30 **USA**

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

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.**
83 **Ste # 1610A**
84 City **miami Bch 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 1-3-97**
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	P	<input type="checkbox"/> DELETE
NAME	MURILLO, JORGE A.	
STREET ADDRESS	2301 COLLINS AVENUE 526-A	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURILLO, JORGE G.	
STREET ADDRESS	2301 COLLINS AVENUE 526-A	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MURILLO, MIGUEL A.	
STREET ADDRESS	2301 COLLINS AVENUE, 526-A	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	PENARANDA, MIGUEL MURILL	
STREET ADDRESS	17440 NW 67TH CT, APT A	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	murillo, Jorge A.	
1.3 STREET ADDRESS	2301 COLLINS AVE #1610A	
1.4 CITY - ST - ZIP	MIAMI Bch, FL 33139	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	murillo, Jorge G.	
2.3 STREET ADDRESS	2301 COLLINS AVE. #1610A	
2.4 CITY - ST - ZIP	MIAMI Bch, FL 33139	
3.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	murillo, miguel A.	
3.3 STREET ADDRESS	2301 COLLINS AVE #1610A	
3.4 CITY - ST - ZIP	MIAMI Bch, 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 do 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.

SIGNATURE: **President Jorge A Murillo 1-3-97 305 6720130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)