Mar 02, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000016267

1. Corporation Name

SIMONT	on worldwide t	TRADING CORF	PORATION									
Principal Place	e of Business	Ma	ailing Address	_			┥ .		{ { -		i istra Áisin ha	IN Ditti LADI (PA)
549 PLANTE ST 7 MUTINY PL												
TAVERMIER FE 39970 KEY LARGO FL 33037												
US KEYL	ARGO FC 3	3 <i>303</i> 7 US					-		NOT WRI	IE IN THE	SPACE	
			14				02	te Incorporated of 2/26/1993	or Qualified			
2. Principal P	lace of Business	2a.	Mailing Address	_			I	Number			<u> </u>	pplied For
21 544	1 KLANTE ST	26					65	-0471213				lot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5 . Ce	rtifcate of Status	Desired			Additional Required
City & Stat	te j		City & State				6. Ele	ection Campaign	Financing			May Be
23 KE	4 LARCO	28		_			Tru	st Fund Contribu	ition		Added	to Fees
Zip	Country	a	Zip	Coun	itry		1	is corporation ow		ent year li	ntangible	□No
24 3702		HROK_ 29	 	30				rsonal Property T me and Addres		Pagietoro		LJINO
	9. Name and Address	s of Current Regis	terea Agent		81	Name	10. Na	ine and Addres	S OI INEW I	tegisteret	- Agent	
JAM	ES S LUPINO, P. A.			L								
	30 OLD HIGHWAY			[82	Street Add	dress (P.O.	Box Number is N	lot Accepta	able)		
	ERMIER FL 33070			<u> </u>	83							
											y	
					84	City				F	85 Zip	Code
ornec or r	en familiar with and accor	nt the obligations of	Section 607 0505 Flo	orida Statut	tes.	he corporati						
agent. I a	Im familiar with, and accept	ot the obligations of,	if applicable. (NOT	orida Statu	tes.		red when reinst			DATE		
agent. I a	Im familiar with, and accept	of the obligations of, of registered agent and title	if applicable. (NOT	orida Statu E: Registered A	tes. Agent s		red when reinst	ating)		DATE		ORS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF