

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000042551 (8)

1. Corporation Name

SIMONE JUNIOR CORPORATION



Principal Place of Business

Mailing Address

7219 S.W. 48TH ST.
MIAMI FL 33155

7219 S.W. 48TH ST.
MIAMI FL 33155

3. Date Incorporated or Qualified
06/01/1995

3a. Date of Last Report

2. Principal Place of Business
21 7219 SW 48 ST

2a. Mailing Address
26 7219 SW 48 ST

4. FEI Number
65-0585663

Applied For
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State
23 MIAMI, FL

27 City & State
28 MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip 33155 25 Country

29 Zip 33155 30 Country

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPO, FRANCESCO
7219 S.W. 48TH ST.
MIAMI FL 33155

81 Name CAMPO, FRANCESCO

82 Street Address (P.O. Box Number is Not Acceptable)
7219 SW 48 ST

83

84 City MIAMI FL 85 Zip Code 33155

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, type, full printed name of registered agent and date if applicable

(NOTE: Registered Agent signature is required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
CAMPO, FRANCESCO
6625 S.W. 95TH CT.
MIAMI FL 33173

11.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
PSD
CAMPO, FRANCESCO
6625 SW 95 CT
MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/96 (305) 663-8151
Date of Filing #

CR2E034 (3/96)