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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT #	P95000042551	(8)
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SIMONE JUNIOR CORPORATION

FILED May 05 1997 8:00am Secretary of State



Principal Place of Business 7219 S.W. 48TH ST. MIAMI FL 33155 US		7219 S.W.	Mailing Address 7219 S.W. 48TH ST. MIAMI FL 33155-5518			- 1 ABONADAN NID HANDA ANNAN DANIN DANIN BANKA BANKA BANKA ANNAN ANNAN ANNAN ANNAN ANNAN ANDAN		
						3. Date Incorporated or Qualified 06/01/1995	3a. Date of La 07/08/19	ast Report 96
2. Principal Pl	ace of Business	2a. Mailin	g Address			4, FEI Number 65-0585663		Applied For Not Applicable
Suite, Apt. :	#, etc		Apt. #, etc.			5. Certificate of Status Desired	1 7 7 7	75 Additional se Required
City & State)	City & 28	State			Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
Zip 4	Country 25	Zip 29		30 Cou	ntry	8. This corporation has liability for i Florida Statutes	ntangible tax und	der s. 199.032,
	9, Name and Address of Curre	ent Registered A	gent			10. Name and Address of New Re	gistered Agent	
CAM	IPO, FRANCESCO)	81 Name			
7219	3 SW 48ST			ł	62 Street Add	ress (P.O. Box Number is Not Acceptab	le)	······
MIAN	MI FL 33155							
					#3			
					84 City		85	Zip Code
								•
SIGNATURE						ooration submits this statement for the p tion's board of directors. I hereby accep		nt as registered
	Signature: typed or printed name of registered a	ND DIRECTORS	ble (NOT		iuper erutangia tregui		DATE	OTODO MI 40
12. TITLE	PSD	ND DINECTORS	DELETE	13. 1.1 Id	nie l	ADDITIONS/CHANGES TO OFFIC	Cha	
NAME	CAMPO, FRANCESCO		C DECENE	1,2 NA		7	,	
STREET ADDRESS	6625 S.W. 95TH CT.			1	RELY ADDRESS			
SINCEL MUUNCSS	MIAMI FL 33173				TY·ST-ZIP			
City of 7.5	MINAMI EL 33 173			(,4 1)	(1.51.58			
	MINMI FL 33173		DELETE	217/	na l		l Ch	inge Addition
nae	MIAMI FE 031/3		DELETE	2.1 Til	1		☐ Ch	ange Addition
TIFLE NAME	MIMMI FE 33173		DELETE	2.2 N	ım:		☐ Cha	ange Addition
TIFLE NAME STREET ADDRESS	MINNI FE 00170		DELETE	2.2 NA 2.3 ST	AMÉ REET ADDRESS		☐ Cna	ange Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	MINNI FE 00170		DELETE	2.2 NA 2.3 ST	AMI: Rest address Ity: St-Zip		∏ Ch	
CITY-ST-7# DIFE NAME STREET ADDRESS CITY-ST-7IP TILE NAME	MINNI FE 00170			2.2 NA 2.3 ST 2.4 C	MEET ADDRESS (TY+ST-ZIP (LE	Γ s,		
TIFLE NAME STREET ADDRESS CHY-S1-7IP TITLE	MINNI FE 00170			2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA	AMÉ REET ADDRESS (TY ST-ZIP TLE	T^{s_s}	∏ Ch	
TIFLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS	MINNI FE 00170			2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1	IME REET ADDRESS ITY: ST-ZIP ILE IME REET ADDRESS	F s.	∏ Ch	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MINNI FE 00170			2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1	AME ARET ADDRESS ITY: ST-ZIP LE MME REET ADDRESS ITY: ST-ZIP	F_{2}	∏ Ch	ange Addition
TIFLE NAME STREET ADDRESS CHY-S1-ZIP TITLE	MINNI FE 00170		DELETE	22 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST 3.4 C	AME ARET ADDRESS ITY: ST-ZIP TLE MMI REET ADDRESS ITY: ST-ZIP ITY: ST-ZIP	r.	, ☐ Cha	ange Addition
DIFE NAME STREET ADDRESS CHY-S1-ZIP THLE NAME STREET ADDRESS CHY-S1-ZIP THLE NAME	MINNI FE 00170		DELETE	22 NA 23 ST 2.4 C 3.1 TT 32 NA 3.3 ST 3.4 C 4.1 TT 4.2 N	AME ARET ADDRESS ITY: ST-ZIP TLE MMI REET ADDRESS ITY: ST-ZIP ITY: ST-ZIP	rs.	, ☐ Cha	ange Addition
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TIFE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MINNI FL 00170		DELETE	22 NA 23 ST 2.4 C 31 TT 32 NA 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST	AME REEF ADDRESS ITY: ST-ZIP LE MMI REEF ADDRESS ITY: ST-ZIP LE AME REE* ADORESS TY: ST-ZIP	<i>F</i> >.	, ☐ Cha	ange Addition
DIFE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TO ADDRESS CITY-ST-ZIP TITLE	MINNI FL 00170		☐ DELETE	22 NA 23 SI 2 4 C 31 TI 32 NV 33 SI 34 C 4.1 TI 4.2 N 4.3 SI 4.4 CI	AME REEF ADDRESS ITY: ST-ZIP LE MMI REEF ADDRESS ITY: ST-ZIP LE AME REEF ADORESS TY: ST-ZIP LE TY: ST-ZIP		☐ Cha	ange Addition
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DITE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MINNI FL 00170		☐ DELETE	22 NA 23 ST 2 4 C 3.1 TT 32 NA 3.3 ST 3.4 C 4.1 TT 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST	AME AREF ADDRESS ITY-ST-ZIP TLE MME REET ADDRESS ITY-ST-ZIP LE AME REET ADDRESS ITY-ST-ZIP LE AME REET ADDRESS ITY-ST-ZIP LE MME REET ADDRESS		☐ Cha	ange Addition
DIFE NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS OTY-ST-ZIP	MINNI FL 00110		☐ DELETE	22 NA 23 ST 2 4 C 3.1 TT 32 NA 3.3 ST 3.4 C 4.1 TT 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST	AME AREF ADDRESS ITY-ST-ZIP LE WMI REET ADDRESS ITY-ST-ZIP LE AME REET ADDRESS ITY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP REET ADDRESS ITY-ST-ZIP		☐ Cha	ange Addition
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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

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #