APPROVED Pg. 10/2 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 97 AUG 14 PM 4: 07 Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P95000072394 SECRETARY OF STATE TALLAHASSEE, FLORIDA SIMS USA, INC. Principal Place of Business

53/ HARRIS ON AVE Nº2 Mailing Address CAPE CANA VERAL, FL. 32920 3. Date Incorporated or Qualified 3a. Date of Last Report SEP, 19, 1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 531 HARRISON AVE Nº2 65-0613457 SAME Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FLORIDA Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, UŚA 25 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SIMS DAIME 531 HARRISON AVE NOZ Street Address (P.O. Box Number is Not Acceptable) CAPE CANAVERAL, PL. 32970 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 set 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 incide. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOT) Registered Agent signature required when reinstating: 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE Change SAIME SIMS 1.2 NAME NAME 531 HARRISON AVE NOZ STREET ADDRESS 1.3 STREET ADDRESS CAPE CANAVERAL, FL. 32920 DELETE CITY-ST-ZIP 1.4 CHTY - ST - ZIP TITLE 21 TITLE Change Addition ROXANA DELGADO NAME 2.2 NAME 531 HARRISON AVE Nº 2 000002269720--5 -08/18/97--01086--013 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL, FL 32920 2 4 CiTY-ST-ZIP ****165.000 O****1654000 TITLE 31 THLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4 CITY-ST-ZIP DELETE TITLE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5.4 CITY - ST - 7IP DELFTE TITLE 61 TO LE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-\$T-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 faceiver 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 alternment with an address.

SIGNATURE:

PRESIDENT

8/10/97 (407) 784-9541

FLORIDA DEMARTMENT OF STATE
DIVISION OF CORPORATIONS
PROFIT CORPORATION ANNUAL REPORT

THIS IS TO INFORM YOU THAT I NEVER PECEIVED

THE CORPORATION ANNUAL REPORT BECAUSE I MOVED,

SO THIS IS THE FIRST TIME I'M RECEIVENG THE REPORT

PLEASE ACCEPT MY APOLOGY FOR THE DELAY.

I AM SENDING A CHECK FOR \$165.00

BEST THEGARDS