

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000072394 (6)

1. Corporation Name
SIMS USA, INC.

Principal Place of Business
531 HARRISON AVE., NO. 2
CAPE CANAVERAL FL 32820

Mailing Address
531 HARRISON AVE., NO. 2
CAPE CANAVERAL FL 32820

FILED
Jul 29 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 2820 MICHIGAN AVE

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE B

27

City & State

City & State

23 KISSIMMEE FL

28

Zip

Country

Zip

Country

24 34744

25 OSCEOLA

29

30

8. Name and Address of Current Registered Agent

DELGADO, ROXANA
531 HARRISON AVE., NO. 2
CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified

09/19/1995

4. FEI Number

65-0613457

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SIMS, JAIME
STREET ADDRESS 531 HARRISON AVENUE, #2
CITY-ST-ZIP CAPE CANAVERAL FL 32920

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP
NAME DELGADO, ROXANA
STREET ADDRESS 531 HARRISON AVE., #2
CITY-ST-ZIP CAPE CANAVERAL FL 32920

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 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:

7/15/98 140752-6212

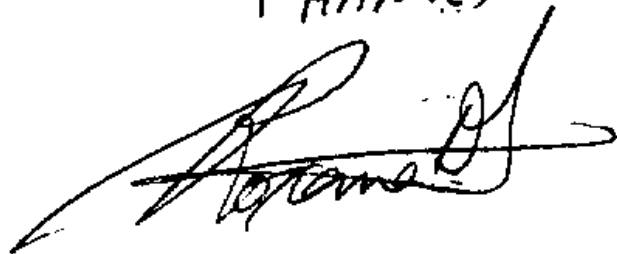
CR2E034 (5/98)

TO: FLORIDA DEPARTMENT OF STATE
FROM: SIMS . USA, INC.

(2)

WE NEVER RECEIVED THE
1ST NOTICE , PROBABLY BECAUSE
WE MOVED . I AM ATTACHING THE
PROVE OF ADDRESS CHANGED

THANKS

A handwritten signature in black ink, appearing to read "R. Sims", with a long horizontal flourish extending to the left.