

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90068 042 ***150.00

DOCUMENT # P95000085457

1. Corporation Name
SIMPSON & SONS, INC.



Principal Place of Business

6839 SW 114TH PL
SUITE C
MIAMI FL 33173

Mailing Address

6839 SW 114TH PL
SUITE C
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4329 S.W. 75TH AVENUE
Suite, Apt. #, etc.

22

City & State
23 MIAMI FL

Zip Country
24 33155 25 U.S.A.

2a. Mailing Address

26 4329 S.W. 75TH AVENUE
Suite, Apt. #, etc.

27

City & State
28 MIAMI FL

Zip Country
29 33155 30 U.S.A.

3. Date Incorporated or Qualified

11/06/1995

4. FEI Number

65-0622891

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 the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIMPSON, RUBEN L
6839 SW 114TH PL
SUITE C
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name SIMPSON, RUBEN L.

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

4329 S.W. 75TH AVENUE

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

PRESIDENT

4/5/99

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SIMPSON, RUBEN L
STREET ADDRESS 6839 SW 114TH PL
CITY-ST-ZIP MIAMI FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE VP
2.2 NAME RUBEN SIMPSON
2.3 STREET ADDRESS 235 SIDONIA AVE #304
2.4 CITY-ST-ZIP CORAL GABLES, FL. 33134

3.1 TITLE TREASURER
3.2 NAME KATHERINE SIMPSON
3.3 STREET ADDRESS 1801B HAMMOCKS BLVD. #105
3.4 CITY-ST-ZIP MIAMI, FL. 33196

4.1 TITLE SEC.
4.2 NAME ALI C. SIMPSON
4.3 STREET ADDRESS 1500 BAY RD. #1107
4.4 CITY-ST-ZIP MIAMI BEACH, FL 33139

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/99 (305) 208-2066

CR2E034 (11/98)

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