SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 25 1997 8:00am
Secretary of State

SIMPLE	COMMUNICATIONS I	ECHNOLO	OGIES, INC.				
Principal Plac	e of Business	ħ	Mailing Address			(1001/00t tin folia ettii oniil oniil on	JII 00:10 IPDID 01010 101(1 U\$1(0 1)01 10\$(
\$201 N.W. 74 AVENUE 5201 N.W. 74 AVENUE							
MIAMI FL 33166 MIAMI FL 33166						THOMAS TO A COL	IN THE COACE
						3. Date Incorporated or Qualified	IN THIS SPACE 3a. Date of Last Report
						1	Sa, Date of Cast Report
a Principal P	Place of Business	1 2	Mailing Address			03/13/1996 4. FEI Number	Applied For
21 3750		100 26		() 97	# ave	65-06493	
Suite, Apt.		100 120	Suite, Apt. #, etc.	<u>~ 6 (</u>	<u> </u>	02-08-4-13	\$9.75 Additional
22 22		27	1 — - · · ·			5. Certificate of Status Desired	Fee Required
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be
23 Mio	G	28	ه مستر ۱	,干	L	Trust Fund Contribution	Added to Fees
Zip	Country	.	Zip	Count		8. This corporation owes or has pa	
24 331	78 26 US	5 4 29	33178	30	USA	Personal Property Tax due June	
	g, Name and Address of					10. Name and Address of New Re	
SC	UTILLO, BARRY C			8	1 Name		
	5201 N.W. 74 AVENUE					ess (P.O. Box Number is Not Acceptal	hto)
MIAMI FL 33166					2 Street Addre	ess (F.O. Box Number is Not Acceptal)
····				· 8	3		
				-	1	·····	
1				6	4 City		FL 85 Zip Code
11. Pursuant office or i	to the provisions of Sections 6 registered agent, or both, in the	07.0502 and State of Flo	607,1508, Florida Staturida Such change was	tes, the abo	ve-named corporati	oration submits this statement for the points board of directors. I hereby acce	purpose of changing its registered
agent. I a	am familiar with, and accopt the	obligations	of, Section 607.0505, Fi	lorida Statut	es.		
SIGNATURE							
	Signature, typod or printed name of regit				igent signature require		DATE
12.	DP OFFICE	RS AND DIRI	DELETE	13.	:	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	BAAN, ROBERTO		E petere	4			Change Pacinon
-	15481 SW 50 LANE			1.2 NAM			
STREET ADDRESS	MIAMI FL 33185				ET ADDRESS		
CITY-ST-ZIP	DV DV		DELETE		- ST- ZIP		☐ Change ☐ Addition
TITLE NAME	.		L MILLI	2.1 TITLE			Crainge Addition
	ZAPATA, JOSE R	N 4400		2.2 NAM			
STREET ADDRESS 802 CYPRESS GROVE LN., #408 CITY-ST-ZIP POMPANO BEACH FL 33069					ET ADDRESS	.	
CITY-ST-ZIP TITLE	FOMFARO BEACH FL 3	5009	DELETE	2 4 CIII	(-ST-ZIP		Change Addition
NAME			□ beceit	3.1 ITE			El cuande El vocitor
STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	3.4. CITY 4.1 TITL	'-ST-ZIP	The State of the S	Change Addition
NAME	l .			4. 2 NAS			Er Change El Addition
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i				5.2 NAM		•	
STREET ADDRESS					ET ADORESS	•	
CITY-ST-ZIP			DELETE	5.4 CITY			Change Addition
TITLE			☐ peren	6.1 TITLE			La Change La Addition
NAME	1			6.2 NAM			
STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP	by cartify that the information of	and with	this filing does not avail		-ST-ZIP	Lin Caction 119 07(2)(i) Florida Statute	on I further earlify that the

into mereby ceruly that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplicmental 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 processor of 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 of an attention ment with an address.

CIONATURE.

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