

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000024645 (9)**

1. Corporation Name
SIMON TRANSFER, INC.



Principal Place of Business 4358 EAST 9TH LANE HIALEAH FL 33012	Mailing Address 4358 EAST 9TH LANE HIALEAH FL 33013-2434
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3. Date Incorporated or Qualified 03/19/1996	3a. Date of Last Report
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2. Principal Place of Business 21 851 West 36th St. Suite, Apt. #, etc. 22 City & State 23 Hialeah Fl. Zip Country 24 33012 25 USA	2a. Mailing Address 26 851 West 36th St. Suite, Apt. #, etc. 27 City & State 28 Hialeah Fl. Zip Country 29 33012 30 USA
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4. FEI Number 65-0738327	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

SIMON, SERGIO M
4358 EAST 9TH LANE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name SIMON, SERGIO M.
82 Street Address (P.O. Box Number is Not Acceptable) 851 W. 36th St.
83
84 City HIALEAH
85 FL
86 Zip Code 33012

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  **SERGIO M. SIMON** DATE **4/23/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMONS, SERGIO M		1.2 NAME SIMON, Sergio M.	
STREET ADDRESS 4358 EAST 9TH LANE		1.3 STREET ADDRESS 851 West 36th St.	
CITY - ST - ZIP HIALEAH FL 33012		1.4 CITY - ST - ZIP Hialeah Fl. 33012	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 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:  **SERGIO M. SIMON** DATE **4/23/97** DAYTIME PHONE # **805-821-6267**

CR2E034 (9/96)