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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032819

SIMAK IMPORT-EXPORT CORPORATION

Principal Place	e of Business	Mailing Address		1 10E1100) (LE LOCIO GILLI GOLLI GOLLI GOLLI GOLLI		1919 1911 1991
9500 SATELLITE	E BLVD	9500 SATELLITE BLVD				
200		200		DO NOT WRITE IN T	THIS SPACE	
ORLANDO FL 3 US	12837	ORLANDO FL 32837 US		3. Date Incorporated or Qualifed	THIS GPACE	
03		03		04/11/1996		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Appl	lied For
21 4526	e Lake Calabay Dr	126 4526 lake (lalabay Dr	59-3382289	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1	5. Certificate of Status Desired	> \$8.75 Ac	
City & State		City & State	Florida	6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	ır Intangible	
24 3283	57 25 USA	29 32 837	0 USA	Personal Property Tax.	☐ Yes [□No
	9. Name and Address of Current			10. Name and Address of New Registe	red Agent	
			81 Name			
ROMAS, JOSE L			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
5381- B HOFFNER DR			02 Street Add	diess (1.0. Dox Horrister is Hot Hosephasis)		1
ORL	ANDO FL 32812		83			4 ,
			84 City		85 Zip Co	ode -
				•	FL [** *	
11. Pursuant	egistered agent, or both, in the State o	of Florida, Such change was aut	thorized by the corporat	rporation submits this statement for the purpos tion's board of directors, I hereby accept the a	se of changing its reproposition in the second seco	egistered istered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statutes.			
agent. I ai SIGNATURE	m familiar with, and accept the obligati			N.		
agent. I ai	m farniliar with, and accept the obligate	and title if applicable. (NOTE: F	tegistered Agent signature requi			25 IN 12
agent. I at SIGNATURE 12.	m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	tegistered Agent signature requi	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12
agent. I all SIGNATURE 12.	m familiar with, and accept the obligation of th	and title if applicable. (NOTE: F	tegistered Agent signature requirements 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR Change	Addition
agent. I all SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P SIMOSA, WLADIMIR S.	and title if applicable. (NOTE: F	tegistered Agent signature requirements 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR Change	Addition
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P SIMOSA, WLADIMIR S. 9500 SATELLITE BLVD	and title if applicable. (NOTE: F	tegistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICER RESTDENT VLADIME SIMOSA 4037 FAIRWAY ISLAND D	S AND DIRECTOR Change	Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET AODRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P SIMOSA, WLADIMIR S. 9500 SATELLITE BLVD ORLANDO FL 32837	and title if applicable. (NOTE: F D DIRECTORS V DELETE	tegistered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICER RESIDENT VIADINIR SIMOSA 4037 FAIRWAY ISLAND DI OLIANDO, FL 32837	S AND DIRECTOR Change	Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND P SIMOSA, WLADIMIR S. 9500 SATELLITE BLVD ORLANDO FL 32837	and title if applicable. (NOTE: F	tegistered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICER PRESEDENT VIADIME SIMOSA 4037 FAIRWAY ISLAND DI ONLANDO, FL 32837 VP	S AND DIRECTOR Change	Addition 33
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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.

6.4 CITY-ST-ZIP

SIGNATURE: