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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000075780 (2)

1. Corporation Name
SIMPLEDOM, INC.



Principal Place of Business
2151 LE JEUNE ROAD MEZZANINE
CORAL GABLES FL 33134

Mailing Address
2151 LE JEUNE ROAD MEZZANINE
CORAL GABLES FL 33134-4200

3. Date Incorporated or Qualified
09/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0696437

Not Applicable

22 City & State

27 City & State

6. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENITEZ, LEO ESQ.
2151 LE JEUNE ROAD MEZZANINE
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME YANEZ, MARIO M
STREET ADDRESS 8201 SW 99TH COURT
CITY-ST-ZIP MIAMI FL 33134

1.1 TITLE Change Addition

TITLE VD
NAME HANIFF, SHEIK M
STREET ADDRESS 12300 NE 139TH STREET
CITY-ST-ZIP MIAMI FL 33134

1.2 NAME Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME Change Addition

2.3 STREET ADDRESS Change Addition

2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME Change Addition

3.3 STREET ADDRESS Change Addition

3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME Change Addition

4.3 STREET ADDRESS Change Addition

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME Change Addition

5.3 STREET ADDRESS Change Addition

5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME Change Addition

6.3 STREET ADDRESS Change Addition

6.4 CITY-ST-ZIP Change Addition

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: *S. Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97 305 895 4685
Date Daytime Phone #

CR2E034 (9/96)