FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700060111 1. Entity Name SIM2 SELECO U.S.A., INC.					Feb 14, 2002 8:00 am Secretary of State 02-14-2002 90087 003 ***150.00		
Principal Place of Business 10108 USA TODAY WAY MIRAMAR FL 33025 US :		Mailing Address 10108 USA TODAY WAY MIRAMAR FL 33025 US					
2. Principal Place of Business		3. Mailing Address				 18 12	
Suite, Apt	.#, etc	Suite, Apt. #, etc.	· - m - ********************************		DO NOT WRITE IN	THIS SPACE	
City & State		City & State		4.	FEI Number 65-0777464	Applied For Not Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	1 Registered Agent		7.	Name and Address of New Registe		
		<u> </u>	Name			,	
COPROLITE CORPORATION 1400 SUNTRUST INTERNATIONAL CENTER			Street A	Address (P.O. Box Number is Not Acceptable)			
one sol Miami fl	JTHEAST THIRD AVENUE . 33131	City				Zip Code	
Tax filing	Signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible requirement and elects to do so,	FILE NOW!!!		00 550,00	10. Election Campaign Financin Trust Fund Contribution.	_ 	
11.	OFFICERS AND	DIRECTORS	12.	A	DDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORAZZA, GIORGIO 10108 USA TODAY WAY MIRAMAR FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CINI, MAURIZO 10108 USA TODAY WAY MIRAMAR FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DROOK 10108 Miran	DAN USATODAYWAY ar, FL 33025	☐ Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chánge ☐ Addition ☐	
NAME ADDRESS CITY-ST-ZIP	U Rosi	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Change □ Addition	
13. I hereby of indicated of the corchanged,	certify that the information/supplied with on this report or suppler ental report is poration or the receiver of trustee empo or on an attachment with appladdress, w	this filing does not qualify for the true and accurate and that my wered to execute this report as with all other like empowered.	he exemption sta signature shall h s required by Cha	ted in Section have the same apter 607, Flori	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; the da Statutes; and that my name appe	er certify that the information hat I am an officer or director ears in Block 11 or Block 12 if	

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-28-02

184-442-259