SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # V55370 (3)SIMEL CORP. Principal Place of Business Mailing Address 1280 S. POWERLINE RD., #15 1280 S. POWERLINE RD., #15 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Date incorporated or Qualified 3a. Date of Last Report 08/04/1992 03/09/1995 Principal Place of Business 2. 2a. Mailing Address 4. FEI Number Applied For 21 26 NOT APPLICABLE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country This corporation has liability for intangible tax under s. 199 032. 24 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name **BOREK, LYDIA** 1280 S. POWERLINE RD., #15 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33069 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 607.0505. Florida Statutes SIGNATURE Signature, typed or pricting name of registered agent and fit all applicable (NOTE Registered Agent signature required when reinstating) OATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/36)TITLE DELETE 1 1 TiTLE Change Addition NAME ESPINSOA, ELENA 1.2 NAME **CR2E034** STREET ADDRESS M-96 JET CARGO INTERNATIO 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2171716 Change Addition ESPINSOA, SIMON P NAME 2.2 NAME STREET ADDRESS M-96 JET CARGO INTERNATIO 2.3 STREET ADDRESS MIAMI FL CITY-ST-2IP 2 4 CITY - S1 - ZIP TITLE | DELETE 3 1 TIFLE Change Addition 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-ST-ZIP 4.4 CHTY - ST- ZIP TITLE DELETE 5.1 THLE Change Add from NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CHY-ST-ZIF 5.4 CITY - ST - ZIP TITLE I DELETE 61 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7/P 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 effect or of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address. SIGNATURE: