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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V55370

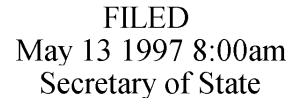
(3)

SIMEL CORP.

Principal Place of Business Mailing Address

1280 S. POWERLINE RD., #15

1280 S. POWERLINE RD., #15





POMPANO BEA	NCH FL 33069	POMPANO BEACH FL 33069-4341							
						3. Date Incorporated or Qualified 08/04/1992		 te of Las )2/1996	
	lace of Business	2a. Mailing Address				4. FET Number			Applied For
21		26			·······························	NOT APPLICABLE		<del></del> +	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #. etc.				5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		Cily & Stale				Election Campaign Financing     Trust Fund Contribution		•	00 May Bo ed to Fees
Zip <b>24</b>	Country 25	Zip 29	Country 30			8. This corporation has liability for in Florida Statutes	Yes No		
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	Registered Agent			<del></del>	10. Name and Address of New Re-	gistered A	Agent	
	EK, LYDIA		8	31	Name				
	S. POWERLINE RD., #15		82 Street Add			ess (P.O. Box Number is Not Acceptab	le)		
POM	IPANO BEACH FL 33069								
			8	3					
			8	4	City		FL	85 Z	ip 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 printed name of registered again	Lang the if epplicable (NOT)	E. Roustered A	Agent	signature require	ed when reinstating)	DATŁ		
12.	OFFICERS AND	12 Marie 118 (1981) - Marie 119 Mari	13.	-0		ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
TITLE	D	DELFTE	1.1 TITE	f			AV. V. 1 2 44. 4	Chang	
NAME	ESPINSOA, ELENA		1.2 NAM	16					
STREET ADDRESS	M-96 JET CARGO INTERNATIO		1.3 \$1RE	I I A	DONESS				
.CITY-ST-ZIP			1.4 CITY	1.4 CITY - \$1 - 7IP					
TITLE	<del>-</del>			2.1 TITLE				Chang	e Addition
NAME	ESPINSOA, SIMON P			2.3 STREET ADDRESS					
STREET ADDRESS	M-96 JET CARGO INTERNATIO								
CITY-ST-ZIP	MIAMI FL		2.4 City	Y- ST-	- 7IP				
TITLE		☐ DELETE	3 1 1 N U	F				☐ Chang	e 🔲 Addition
NAME			3.2 NAM	1E		•			
STREET ADDRESS			3.3 STRE	E1 A	DORESS				
CITY-ST-ZIP			3.4. CITY		- ZIP				
TITLE		DELETE	4.1 TITLE					Chang	e 🔝 Addition
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STREET ADDRESS			4.3 STRE						
CITY-ST-ZIP		DELETE	4.4 CHY		7IP			Chang	e Addition
NAME		☐ orruit	5 1 11TE					L_1 CHANG	1 11901100H L.J. 34
			5.2 NAM		oppres				
STREET ADDRESS			5.3 STRE						
CITY-ST-ZIP TITLE		DETETE	54 CHY 61 TITLE		(IP			Chano	e Addition
NAME		orien	6.2 NAM					L. Crisily	
STREET ADDRESS					nnoree				
CITY-ST-ZIP			6.3 STRE						
U111-31-21			6.4 CHY	- 51-	712				

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 saward ruboil of supplemental amount 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 eighe 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 chapter or on an attachment with an address.