CORPORATION
ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05046 (2)

1. Corporation Name
COMPRI INC.

Principal Place of Business	Mailing Address
13833 WELLINGTON TRACE. BAY E-6 WEST PALM BEACH FL 33414-5584 US	13833 WELLINGTON TRACE. BAY E-6 WEST PALM BEACH FL 33414-5584

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1989
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business	2a. Mailing Address
21 726 JUNIPER PLACE	26 726 JUNIPER PLACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WELLINGTON, FL	City & State 28 WELLINGTON, FL
Zip / Country 24 33414 / 25 PALM BEACH	Zip / Country 29 33414 / 30 PALM BEACH

4. FEI Number: 59-2966233 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRIED, MARK, E, ESQ
25 SE SECOND AVE., #1135
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	DASHWOOD, CHARLES	12 NAME		
STREET ADDRESS	13833 WELLINGTON TR. #E6	13 STREET ADDRESS	726 JUNIPER PLACE	
CITY-ST-ZIP	WELLINGTON FL	14 CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	PST	21 TITLE		☒ Change ☐ Addition
NAME	DASHWOOD, CHARLES	22 NAME		
STREET ADDRESS	13833 WELLINGTON TR #E6	23 STREET ADDRESS	726 JUNIPER PLACE	
CITY-ST-ZIP	WELLINGTON FL	24 CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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 above, or on an attachment with an address.

SIGNATURE: [signature] 4/25/95 (407) x 793-7033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES DASHWOOD

043A068 FP