FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 24 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000075452

1. Entity Name

COMPTEX SYSTEMS INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4243 S.W. 75 AVENUE	4243 S.W. 75 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33155 Country: USA	Zip: 33155 Country: USA

4. FEI Number — ☐ Applied For ☒ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: HIRAM DEL AMO

Street Address (P.O. Box Number is Not Acceptable)

4243 S.W 75 AVENUE

City: MIAMI FL Zip Code: 33155

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HIRAM DEL AMO
STREET ADDRESS	4243 S.W. 75 AVENUE
CITY-ST-ZIP	MIAMI, FLORIDA 33155
TITLE	PD
NAME	Carlos Margheritti
STREET ADDRESS	4243 S.W. 75 AVENUE
CITY-ST-ZIP	MIAMI, FLORIDA 33155
TITLE	
NAME	
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12/24/03--01004--013 **150.00

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CR2E034B (12/02)

12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Comptex Systems, Inc

4243 S.W. 75 Avenue
Miami, Florida 33155
305-269-8619 fax 305-675-2867
E-Mail: hdelamo@comptexsys.com

November 24, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madame:

Enclosed please find the 2003 Uniform Business Report for my company along with a check in the amount of $150.00. Although I realize that this is the second request sent, I wish to inform you that I never received the first request. I have always paid for this report on a timely basis and would have done so this year if I had only received it. Therefore, I respectfully request that you accept this report as being timely filed and paid and abate all late penalties. Your assistance in resolving this matter is greatly appreciated.

Sincerely,

Hiram Del Amo
President