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Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90548 039 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000106267

1. Entity Name
COMPACSTONE USA, INC.

54040012

Principal Place of Business	Mailing Address
~~2000 PONCE DE LEON BLVD~~ ~~6TH FLOOR~~ ~~CORAL GABLES, FL 33134~~ US	~~2000 PONCE DE LEON BLVD~~ ~~6TH FLOOR~~ ~~CORAL GABLES, FL 33134~~ US

DO NOT WRITE IN THIS SPACE

03182004 No Chg-P CR2E034 (10/03)

4. FEI Number
74-3063498
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FAUBEL, ALFREDO
5940 SW 79TH STREET
MIAMI, FL 33143

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANCHIS-BRINES, FRANCISCO A
STREET ADDRESS	~~2000 PONCE DE LEON BLVD., 6TH FLOOR~~
CITY-ST-ZIP	~~CORAL GABLES, FL 33134~~
TITLE	VSTD
NAME	SANCHIS-BRINES, MARIA C
STREET ADDRESS	~~2000 PONCE DE LEON BLVD., 6TH FLOOR~~
CITY-ST-ZIP	~~CORAL GABLES, FL 33134~~
TITLE	VD
NAME	FAUBEL, ALEJANDRO
STREET ADDRESS	~~2000 PONCE DE LEON BLVD., 6TH FLOOR~~
CITY-ST-ZIP	~~CORAL GABLES, FL 33134~~
TITLE	VD
NAME	FAUBEL, ALFREDO
STREET ADDRESS	~~2000 PONCE DE LEON BLVD., 6TH FLOOR~~
CITY-ST-ZIP	~~CORAL GABLES, FL 33134~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ X 4/19/04 X 3054063600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #