

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000020181 (2)

1. Corporation Name

COMPASS NORTH AMERICA, INC.



Principal Place of Business

235 SIDONIA AVENUE
SUITE 204
CORAL GABLES FL 33134

Mailing Address

235 SIDONIA AVENUE
SUITE 204
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
03/15/1993

3a. Date of Last Report
08/10/1995

2. Principal Place of Business
21 440 VILLABELLA AVE. BRCL

2a. Mailing Address
26 1825 PONCE DE LEON BLVD.

4. FEI Number
65-0404787

Applied For
Not Applicable

22 Suite, Apt. #, etc.
502 B24

27 Suite, Apt. #, etc.
STE. 370

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

23 City & State
CORAL GABLES, FL

28 City & State
CORAL GABLES, FL

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

24 Zip
33146

25 Country
DADE

29 Zip
33134

30 Country
DADE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIHAU, GEORGE M
235 SIDONIA AVENUE
SUITE 204
CORAL GABLES FL 33134

81 Name
(SAME)
82 Street Address (P.O. Box Number is Not Acceptable)
440 VILLABELLA AVE.
83
84 City
CORAL GABLES FL 85 Zip Code
33146

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
MIHAU, GEORGE M.
235 SIDONIA AVENUE, #204
CORAL GABLES FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PTSD
MIHAU, GEORGE M.
440 VILLABELLA AVE.
CORAL GABLES, FL 33146 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MIHAU, GEORGE M
235 SIDONIA AVENUE #204
CORAL GABLES FL 33134 ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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. 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (305)667-8175

Daytime Phone #

CR2E034 (12/95)