Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90213 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000020181

1. Corporation	Name				į į				
COMPASS NORTH AMERICA, INC.					1				
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	• ,								
Principal Place	of Business	Mailing Address				I SANSIANI ISA 2016A ISIII BUSAI I	I DILIY MARKIT MARKIT	I IKAIR BAIAR HAAN	
440 VILLABELL	. Y	1825 PONCE DE LEON B	LVD		1				
CORAL GABLES FL 33146. STE 330									
US		CORAL GABLES FL 33134	4			DO NOT WR		SPACE	
		US			3.	Date Incorporated or Qualifed	i	•	
Į	·					03/15/1993			
2. Principal Place of Business 2a. Mailing Address			<u> </u>			FEI Number		— 	plied For
21 440	ULLABELLA AVE.	26		<u></u>		<u>65-0404787</u>			t Applicable
Suite, Apt.	#, etc	Suite, Apt.,#, etc		e	5.	Certificate of Status Desired		*\$8.75 _. 4	
22	<u> </u>	27						Fee Re	 -
City & State		City & State			6.	Election Campaign Financing	п	\$5.00	•
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Count	try	8.	This corporation owes the cu	rrent year In		
24	25	29	30			Personal Property Tax.	· <u>-</u> ,	☐ Yes	ØNo
	9. Name and Address of Current	Registered Agent			10.	Name and Address of New	Registered	Agent	
				31 Name		•			
MIHAIU, GEORGE M				32 Street A	ddress (F	P.O. Box Number is Not Accep	table)		
440 VILLABELLA AVE.							<u> </u>		-
CORAL GABLES FL 33146			8	33				•	
				34 City				85 Zip (Code
				FL T					
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the abo	ove-named c	orporatio	n submits this statement for th	e purpose of	f changing its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was	authorized l	by the corpor	ration's b	oard of directors. I hereby acc	ept the appo	intment as re	gistered
agent. rai	in rannalat with, and accept the congent								
1	~		onoa Quant	00.			•		
SIGNATURE	~			gent signature req			DATE		
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOT			quired when r		DATE		
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOT	E: Registered A	gent signature req	quired when r	reinstating)	DATE		
SIGNATURE 12. TITLE	Stgnature, typed or printed name of registered agent a OFFICERS AND PTS	ind title if applicable. (NOT DIRECTORS	E. Registered A	gent signature req	quired when r	reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Stgnature, typed or printed name of registered agent a OFFICER'S AND PTS MIHAIU, GEORGE M.	ind title if applicable. (NOT DIRECTORS	13. 1.1 TITL 1.2 NAM	gent signature req	quired when r	reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Stgnature, typed or printed name of registered agent a OFFICER'S AND PTS MIHAIU, GEORGE M. 440 VILLABELLA AVE.	ind title if applicable. (NOT DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature req	quired when r	reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stgnature, typed or printed name of registered agent a OFFICER'S AND PTS MIHAIU, GEORGE M.	ind title if applicable. (NOT DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature req	quired when r	reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Stgnature, typed or printed name of registered agent a OFFICER'S AND PTS MIHAIU, GEORGE M. 440 VILLABELLA AVE.	and title if applicable. (NOT DIRECTORS	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	gent signature req	quired when r	reinstating)	DATE	ND DIRECTO ☐ Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Stgnature, typed or printed name of registered agent a OFFICER'S AND PTS MIHAIU, GEORGE M. 440 VILLABELLA AVE.	and title if applicable. (NOT DIRECTORS	13. 1.1 TITLL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITLL 2.2 NAM	gent signature requests E E E E E E E T ADORESS -ST-ZIP E	quired when r	reinstating)	DATE	ND DIRECTO ☐ Change	RS IN 12
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Stgnature, typed or printed name of registered agent a OFFICER'S AND PTS MIHAIU, GEORGE M. 440 VILLABELLA AVE.	and title if applicable. (NOT DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR	gent signature requirements for the signature requirements for	quired when r	reinstating)	DATE	ND DIRECTO ☐ Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stgnature, typed or printed name of registered agent a OFFICER'S AND PTS MIHAIU, GEORGE M. 440 VILLABELLA AVE.	DIRECTORS DELETE	13. 1.1 TITLL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITY	gent signature requirements for the signature requirements for	quired when r	reinstating)	DATE	ND DIRECTO ☐ Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS - CMY-ST-ZIP TITLE	Stgnature, typed or printed name of registered agent a OFFICER'S AND PTS MIHAIU, GEORGE M. 440 VILLABELLA AVE.	and title if applicable. (NOT DIRECTORS	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL	gent signature requirements for the signature requirements for	quired when r	reinstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS - CMY-ST-ZIP TITLE NAME	Stgnature, typed or printed name of registered agent a OFFICER'S AND PTS MIHAIU, GEORGE M. 440 VILLABELLA AVE.	DIRECTORS DELETE	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	gent signature requests E E E E E E E E E T T T T T T T T T T	quired when r	reinstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS - CITY-ST-ZIP TITLE NAME STREET ADDRESS	Stgnature, typed or printed name of registered agent a OFFICER'S AND PTS MIHAIU, GEORGE M. 440 VILLABELLA AVE.	DIRECTORS DELETE	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 22 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	gent signature requirements for the signature requirements for	quired when r	reinstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS - CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stgnature, typed or printed name of registered agent a OFFICER'S AND PTS MIHAIU, GEORGE M. 440 VILLABELLA AVE.	DIRECTORS DELETE DELETE	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT	gent signature requests E E E E E E E E E E E E E E E E E E	quired when r	reinstating)	DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition
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6.4 CITY-ST-ZIP CITY-ST-ZiP 14. 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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

DELETE

Addition