

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000067430 (7)

1. Corporation Name

COMPLIANCE CONTRACTING SERVICES, INC.



Principal Place of Business

140 BUTTONWOOD DRIVE
KEY BISCAVNE FL 33149
US

Mailing Address

140 BUTTONWOOD DRIVE
KEY BISCAVNE FL 33149
US

3. Date Incorporated or Qualified

09/28/1993

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 2588 SW 27 Ave

4. FEI Number

65-0440439

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

10. Name and Address of New Registered Agent

SALAZAR, CARLOS M
140 BUTTONWOOD DR.
KEY BISCAVNE FL 33140

81 Name

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

2588 SW 27 Ave

83

84 City

MIAMI

FL

85 Zip Code

33133

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PTD
SALAZAR, CARLOS M
140 BUTTONWOOD DR.
KEY BISCAVNE FL 33140

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
SALAZAR, ELIZABETH
140 BUTTONWOOD DR.
KEY BISCAVNE FL 33149

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

CAVE 74 A #2-54 APT 501
BUGOTA, COLOMBIA

14 CITY-ST-ZIP

2. 1 TITLE

22 NAME

23 STREET ADDRESS

CAVE 74 A #2-54 APT 501
BUGOTA, COLOMBIA

24 CITY-ST-ZIP

3. 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. 1 TITLE

62 NAME

63 STREET ADDRESS

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 19.07(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:

MAURICIO SALAZAR L.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 05/96

Date

Daytime Phone #

CR2E034 (12/95)