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 # **P94000002693 (7)**

1. Corporation Name

COMPRO ONE, INC.

Principal Place of Business	Mailing Address
13444 NW 6 DR PLANTATION FL 33325	13444 NW 6 DR PLANTATION FL 33325

3. Date Incorporated or Qualified: **01/03/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **NOT APPLICABLE** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 6132 NW 40 ST	26 6132 NW 40 ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CORAL SPRINGS, FL	28 City & State: CORAL SPRINGS, FL
24 Zip: 33067 25 Country: USA	29 Zip: 33067 30 Country: USA

9. Name and Address of Current Registered Agent

FORCADE, JOSE L
13444 NW 6 DR
PLANTATION FL 33325

10. Name and Address of New Registered Agent

81 Name: FORCADE, JOSE L.
82 Street Address (P.O. Box Number is Not Acceptable): 6132 NW 40 ST
83
84 City: CORAL SPRINGS FL 85 Zip Code: 33067

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: Jose L Forcade 3/19/96
Signature of, or typed or printed name of, registered agent and title if applicable — DATE
(NOTE: Registered Agent signature required when filing this form.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FORCADE, JOSE 13444 NW 6 DRIVE PLANTATION FL 33325 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P FORCADE, JOSE 6132 NW 40 ST CORAL SPRINGS, FL, 33067 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	700001767567 -04/03/96--01014--005 ***200.00 ☐ 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)(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.

SIGNATURE: Jose L Forcade — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE L FORCADE 3/19/96 — Date

(954) 4090114 — Daytime Phone #

2-5-11-2-96

CR2E034 (12/95)