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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000087840 (0)**

1. Corporation Name
TOMPETE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1125 SW 62ND AVE. WEST MIAMI FL 33144	1125 SW 62ND AVE. WEST MIAMI FL 33144-4909

3. Date Incorporated or Qualified: 10/24/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 8565 NW 5 TERR
22 Suite, Apt. #, etc.: UNIT 1
23 City & State: MIAMI FLORIDA
24 Zip: 33176
25 Country:

2a. Mailing Address
26: 8565 NW 5 TERR
27 Suite, Apt. #, etc.: UNIT 1
28 City & State: MIAMI FLORIDA
29 Zip: 33176
30 Country:

4. FEI Number: 66-0701698 ☐ 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
MARTIN, RAUL
1125 SW 62ND AVE.
WEST MIAMI FL 33144

10. Name and Address of New Registered Agent
81 Name: MICHELE GAGLIARDI
82 Street Address (P.O. Box Number is Not Acceptable): 8565 NW 5 TERR
83: UNIT 1
84 City: MIAMI FL 85 Zip Code: 33176

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] MICHELE GAGLIARDI 04/17/97
Signature of new 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	DPS MARTIN, RAUL 1125 SW 62ND AVE. WEST MIAMI FL 33144	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT GAGLIARDI, MICHELE 8565 NW 5TH TER., UNIT 1 MIAMI FL 33126	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DPST GAGLIARDI, MICHELE 8565 NW 5 TERR - UNIT 1 MIAMI, FL 33176	☒ 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

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] PRESIDENT 04/17/97 (305) 262-4131