## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000093448 (3)

COMPLICALITY INC

## **FILED** Feb 02 1998 8:00am Secretary of State

JOHR									
Principal Place of Business Maiting Address							<b>4</b> (4) <b>44</b> (1) ( <b>3</b> )	88 15161 B1911 B1	991 (811 jest
27951 SW 168 COURT 27951 SW 168 COURT									
HOMESTEAD FL 33031 HOMESTEAD FL 33031						DO NOT WOLL	- (N. T. HO)	20405	
						DO NOT WRITE	E IN THIS	SPACE	<del></del>
						3. Date Incorporated or Qualified 10/30/1997			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number 17020	32	·	oplied For
26     Suite, Apt. #, etc.   Suite, Apt. #, etc.						65-019-78	22	~~~ <del>~~</del>	ot Applicable
						5. Certificate of Status Desired			Additional equired
22 27 City & State City & State					,	<b>.</b>			•
23	- '					Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cor	intry					
24	25	29	30			<ol> <li>This corporation owes or has pa Personal Property Tax due June</li> </ol>	_	- · -	angible
64	9. Name and Address of Current Registered Agent		30			10. Name and Address of New Registered Agent			
JO.	NES, CHARLES L			81	Name				
	00 SW 168 STREET STE 9								
. MIAMI FL 33157				82	Street Addre	dress (P.O. Box Number is Not Acceptable)			1
* *****	4M 1 E 00101			83					i
•									
•				84	City		FL	<b>85</b> Zip	Code
11. Pursuant t	o the provisions of Sections 607 0	502 and 607 1508. Florida State	ites the al		named corpo	oration submits this statement for the	nurnose of	changing it	ls registered
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statute's.									
SIGNATURE	Signature, typed or printed name of registered a	speal and title if applicable (NC	TF : Registere	d Acen	l signature required	1 when reinstaling)	DATE		
12.		AND DIRECTORS	13.	2 Agoit	a a griadare requirec	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12
TITLE	PVST	☐ DELETE	1.1 70	TLE.				Change	Addition
NAME	BOUDET, GUILLERMO		1.2 NA	1.2 NAME				•	
STREET ADDRESS	27951 SW 168 COURT		1.3 STREET ADDRESS		DORESS				-
CITY-ST-ZIP	HOMESTEAD FL 33031			1.4 CITY - ST - ZIP					
TITLE	D	D DELETE		2.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	BOUDET, GUILLERMO		2.2 NAME					•	_
STREET ADDRESS	27951 SW 168 COURT		2.3 STREET ADDRESS		DORESS				ļ
CITY-ST-ZIP	HOMESTEAD FL 33031			ITY-ST	ľ				İ
TITLE		☐ DELE <b>TE</b>	3.1 717					☐ Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 \$1	REET A	DORESS				
CITY-ST-ZIP				TY-S1					
TITLE	<del>-</del>	☐ DELETE	4.1 TIT				-	Change	Addition
NAME			4.2 N	AME					
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			4400	TY-\$T-	ZIP				
TITLE	***	DELE <b>te</b>	5 1 TIT					Change	Addition
NAME			5 2 NA	ME					
STREET ADDRESS			5.3 ST	REET A	DDRESS				
CITY-ST-ZIP				[Y-\$]-					
TITLE		☐ DELETE	6.1 T/1					Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REET A	DORESS				
CITY-ST-ZIP			6.4 CI	IY-ST-	ZIP				
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I necessory 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.