05-06-1999 90298 027 ***600.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000072087

1. Corporation Name

Principal Place of Business

COMPASS PROPERTY DEVELOPMENT, INC.

SUITE 210	MEDCIAL	SUME ZID	OMMERCIAL							
2501 EAST COMMERCIAL FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308					DO NOT WRITE IN THIS SPACE					
THE DISCHARGE TE SOON						3. Date Incorporated or Qualifed				
						08/17/1998				
2. Principal Pl	lace of Business	2a, Mailing A	ddress			4. FEI Number		A	pplied For	
21 26								ΧN	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional		
22						5. Certifcate of Status Desired		Fee R	Required	
City & State City & State						6. Election Campaign Financing		\$5.00	May Be	
23 28						Trust Fund Contribution			to Fees	
Zip				Country		8. This corporation owes the curre	ent year Inta	ngible		
24	25 29 30					Personal Property Tax.				
9. Name and Address of Current Registered Agent						10. Name and Address of New R	egistered A	gent		
				81	Name					
RAMIREZ, FRED ESQURIE					- China - Ch	treet Address (P.O. Box Number is Not Acceptable)				
SUITE 216				82	Street	Address (P.O. Box Number is Not Accepta	ibie)		ļ	
2501 EAST COMMERCIAL				83						
FT. LAUDERDALE FL 33308				Ш				1. 1		
				84	City		FI	85 Zip	Code	
44 Purcuant	to the provisions of Sections 607	0502 and 607 1508 E	lorida Statutes th	e ahove	-nameo	corporation submits this statement for the	purpose of c	hanging it	s registered	
office or re	enistered agent, or both, in the St	ate of Florida. Such ch	ranne was author	ized by:	the corr	poration's board of directors. I hereby accep	t the appoin	tment as r	egistered	
agent. La	m familiar with, and accept the ob	ligations of, Section 60	07.0505, Florida S	statutes.						
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Regist	tored Anen	t sinnature	required when reinstating)	DATE			
12.		AND DIRECTORS		13.	(signature	ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12	
TITLE	D			I.1 TITLE				☐ Change		
NAME	RAMIREZ, FRED	_		2 NAME						
STREET ADDRESS	SUITE 216, 2501 EAST COI	MAEDOIAL BOLLEY		3 STREET	ADDDESS]	
TT 1410FDD41FF1 00000				I.4 CITY-ST						
CITY-ST-ZIP TITLE	F1. DAUDENDALE FE 33300			2.1 TITLE	-ZIF			Change	Addition	
ļ l		_	_	2.2 NAME		1		_ ,	_	
NAME			1	2.2 NAVIL 2.3 STREET	*******					
STREET ADDRESS			1							
CITY-ST-ZIP				2. 4 CITY-S 3.1 TITLE	1-ZP			Change	Addition	
TITLE		۱		3.2 NAME		1				
NAME					*DODE::0	1				
STREET ADDRESS				3.3 STREET]				
CiTY-ST-ZiP	<u> </u>			4. CITY-S	T-ZIP	-		☐ Change	☐ Addition	
TITLE		<u> </u>		I.1 TITLE				onlange		
NAME				1. 2 NAME						
STREET ADDRESS				4.3 STREET						
CITY-ST-ZIP				4 CITY-ST	-ZIP				Addition	
TITLE		L		5.1 TITLE				Change	e 🗍 Addition	
NAME				5.2 NAME]				
STREET ADORESS				5.3 STREET		1			ļ	
CITY-ST-ZIP				5.4 CITY-S1	-Z!P					
TITLE			_ 0000.0	6.1 TITLE				Change	☐ Addition	
NAME			6	3.2 NAME						
STREET ADDRESS			6	3.3 STREET	ADDRESS	6				

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.

SIGNATURE: