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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000094007

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Apr 12, 1999 8:00 am Secretary of State **Katherine Harris** Secretary of State

04-12-1999 90026 012 ***150.00

COMPAS	S TECHNOLOGIES, INC.					
Dringing Dings	of Pusinger	Mailing Address				
Principal Place of Business 12247 SW 132ND CT MIAMI FL 33186 Mailing Address 12247 SW 132ND CT MIAMI FL 33186						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 11/04/1998
2. Principal Pl	lace of Business	2a. Mailing Address ====	ere kaj ju	•		4. FEI Number 52-2/32633 Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23 28				Trust Fund Contribution Added to Fees		
Zip			Coun	try		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent
			1	B1	Name	
ADAM, LUCIEN 12247 SW 132ND ÇT			ļ	82	Street Add	dress (P.O. Box Number is Not Acceptable)
MIAMI FL 33186			ļ.	83		
			-	84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the						poration 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 age	nt and title if applicable. (NOTE	: Registered A	gent :	signature requir	red when reinstating) DATE
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITL	E		Change Addition
NAME	SANDAIRE, MARIE A		1.2 NAV	Æ		ALEXIS, MARIE A. *Change Adollion
STREET ADDRESS	12247 SW 132ND CT		1.3 STR	EETA	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY	Y-ST-	ZIP	
TITLE	VSTD	☐ DELÉTE 2.1		E		☐ Change ☐ Addition
NAME	ALEXIS, JEAN J		2.2 NAV	Æ		and the second s
STREET ADDRESS	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그		2.3 STR	REETA	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		2.4 CIT		-ZIP	
TITLE		☐ DELETE	3.4 TITLE			☐ Change ☐ Addition
NAME		3.2		Æ	ļ	
STREET ADDRESS			3.3 STR	REET #	ADORESS	
CITY-ST-ZIP			3.4. CIT	Y-ST	- ZIP	
TITLE	☐ DELETE 4.11		4.1 TITL	E.		Change Addition
NAME			4, 2 NA	ME		
STREET ADDRESS			4.3 STR	REET	ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP	
TITLE		☐ DELETE	5.1 TITL			Change Addition
NAME			5.2 NAA			
STREET ADDRESS	I				ADDRESS	
CITY-ST-ZIP	* ***			Y-ST-	-ZIP	Channa C Addition
TITLE	1 2 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ DELETE	6.1 TITL			☐ Change ☐ Addition
NAME - 14			6.2 NAA			
CTDEET ADDRESS	l '		■ 6.3 STR	ŒET /	ADDRESS	

CITY-ST-ZIP 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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE: