

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90185 002 ***150.00

DOCUMENT # P99000079255

1. Entity Name
KOMPOS CORP.

Principal Place of Business 281 N.W. 122ND AVENUE MIAMI FL 33182	Mailing Address 281 N.W. 122ND AVENUE MIAMI FL 33182-1220
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2. Principal Place of Business 1619 NW 84TH AVENUE	3. Mailing Address 1619 NW 84TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA	4. FEI Number 65-0948312	Applied For <input type="checkbox"/> Not Applicable
Zip 33126	Country MIAMI-DADE	Zip 33126	Country MIAMI-DADE
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent IGLESIAS, CESAR E 281 N.W. 122ND AVENUE MIAMI FL 33182		7. Name and Address of New Registered Agent Name IGLESIAS, CESAR E Street Address (P.O. Box Number is Not Acceptable) 10540 NW 26TH STREET SUITE G-303 City MIAMI, FL Zip Code 33172	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: **IGLESIAS, CESAR E.** DATE: **4/15/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIRDO, JORGE VICENTE 281 N.W. 122ND AVENUE MIAMI FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIRDO, VICENTE JORGE 1619 NW 84TH AVE MIAMI, FL. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROMANIN, BRUNO 281 N.W. 122ND AVENUE MIAMI FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROMANIN, BRUNO 1619 NW 84TH AVE MIAMI, FL. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IGLESIAS, CESAR E 281 N.W. 122ND AVENUE MIAMI FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IGLESIAS, CESAR E 10540 NW 26TH STREET # G-303 MIAMI, FL. 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIRDO LAPEYRE, HILDA E 281 N.W. 122ND AVENUE MIAMI FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIRDO LAPEYRE, HILDA E 1619 NW 84TH AVE MIAMI, FL. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELLATI, SILVANA 1619 NW 84TH AVE MIAMI, FL. 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **IGLESIAS, CESAR E.** DATE: **4/15/00** DAYTIME PHONE #: **(305) 477-0830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CDB/ECS/1/01/00