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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

S46990

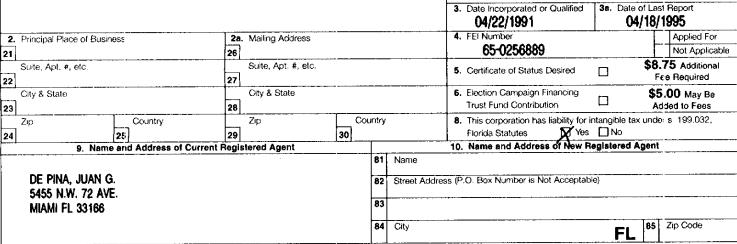
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DISCOMPACTO CORP.

Principal	Place	of	Busin

Mailing Address

5455 N.W. 72 AVE. MIAMI FL 33166 5455 N.W. 72 AVE. MIAMI FL 33166



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 is 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 agent and lifte if applicable	le (NOTE: Re	agistered Agent signature req	Gired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITEE	D	☐ DELETE	1 1 TITLE		Change	Addition
NAME.	DE PINA, JUAN GUILLERMO		12 NAME			
STREET ADORESS	10022 N.W. 80TH AVE		1.3 STREET ADDRESS			
CITY - ST - ZIP	HIALEAH GRDNS FL		1.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	2. 1 TITLE		Change	Addition Addition
NAME	DE PINA, OLGA ESTHER		22 NAME			
STREET ADDRESS	10022 N.W. 80TH AVE		2.3 STREET ADDRESS			
CITY - ST - ZIF	HIALEAH GRONS FL		2 4 CITY - ST - ZIP			
TITLE		□ DELETE	3 1 TITLE		Chan-je	☐ Addition
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-7IP			3.4 CITY - ST - ZIP			
TITLE		☐ DELETE	4. 1 TITLE		Chan je	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STHEET ADDRESS			
CITY - ST - ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DEFELE	5 1 TITLE		Chan je	Addition
NAME .			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY - ST - ZIP			<u> </u>
TITLE		DEFELE	6. 1 TITLE		Change	☐ Addilion
NAME:			6.2 NAME			
STREET ADDRESS	\wedge		6 3 STREET ADDRESS			
01TV_97.7/P	/ / //		6.4 CiTY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Elock 13 if changed, or or an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/96

Daytinie Phone #

CROFO