

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90181 017 ***150.00

DOCUMENT # S-46990

1. Entity Name
DISCOMPACTO CORP.

Principal Place of Business **Mailing Address**
1322 Majesty Terr. **P.O. Box 268030**
Weston, FL 33327 **Weston, FL 33326**

2. Principal Place of Business **3. Mailing Address**
1322 Majesty Terr. **P.O. Box 268039**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Weston, FL **Weston, FL**

Zip **Country** **Zip** **Country**
33327 **U.S.A.** **33326** **U.S.A.**

4. FEI Number **65-0256889** **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

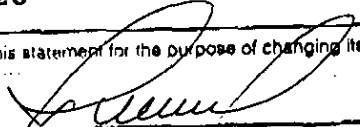
6. Name and Address of Current Registered Agent

Juan De Pina
1443 Lantana Dr.
Weston, FL 33326

7. Name and Address of New Registered Agent

Name **Juan De Pina**
Street Address (P.O. Box Number is Not Acceptable)
1322 Majesty Terr.
City **Weston** **FL** **Zip Code** **33327**

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  **DATE** **May 1st, 2000**

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

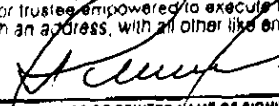
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
MAY 1, 2000 Fee will be \$350.00
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	Pres. Juan De Pina 1322 Majesty Terr. Weston, FL 33327	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-Pres. Olga De Pina 1322 Majesty Terr. Weston, FL 33327	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		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 lists empowered.

SIGNATURE:  **DATE** **MAY 1st 2000** (954) 3892145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE