

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V66486** (4)

1. Corporation Name

C.M.P.T. USA, INC.



Principal Place of Business

**1550 NW LEJEUNE RD
SUITE 250
MIAMI FL 33126**

Mailing Address

**1550 NW LEJEUNE RD
SUITE 250
MIAMI FL 33126**

3. Date Incorporated or Qualified
09/23/1992

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0362383

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEYVA, SANTIAGO J.
1550 NW LEJEUNE RD
SUITE 250
MIAMI FL 33126**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation 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 607.0501, Florida Statutes.

SIGNATURE **X**

Signature, typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **LEYVA, SANTIAGO J.**
STREET ADDRESS **1550 NW LEJEUNE RD #250**
CITY- ST- ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **STIPANOVIC, LUIS**
STREET ADDRESS **1550 NW LEJEUNE RD #250**
CITY- ST- ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **NORIEGA, GUILLERMO**
STREET ADDRESS **1550 NW LEJEUNE RD #250**
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

1 1 TITLE ☐ Change: ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

2 1 TITLE ☐ Change: ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

3 1 TITLE ☐ Change: ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

4 1 TITLE ☐ Change: ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

5 1 TITLE ☐ Change: ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

6 1 TITLE ☐ Change: ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 29/96

305-8769233

Date

Daytime Phone #

CR2E034 (12/95)