

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000028491 (5)
 1. Corporation Name

C & C INTERNATIONAL COMPUTERS & CONSULTANTS, INC



Principal Place of Business: 8430 N.W. 7TH STREET, PEMBROKE PINES FL 33024
 Mailing Address: 8430 N.W. 7TH STREET, PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: 04/11/1995
 3a. Date of Last Report
 4. FEI Number: 65-0578613
 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

2. Principal Place of Business: 21 7777 N. DAVIE Road Extension, Suite, Apt #, etc: 22 Suite 101B, City & State: 23 Hollywood FL, Zip: 24 33024, Country: 25 USA
 2a. Mailing Address: 26 Suite, Apt #, etc: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEE, GLENN R
 517 S.W. FIRST AVE.
 FT. LAUDERDALE FL

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS
 TITLE: D, NAME: JAMES, CECILA, STREET ADDRESS: 8430 N.W. 7TH ST., CITY-ST-ZIP: PEMBROKE PINES FL 33024
 TITLE: D, NAME: JAMES, WILLIAM, STREET ADDRESS: 8430 N.W. 7TH ST., CITY-ST-ZIP: PEMBROKE PINES FL 33024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 11 TITLE, 12 NAME, 13 STREET ADDRESS, 14 CITY-ST-ZIP, 21 TITLE, 22 NAME, 23 STREET ADDRESS, 24 CITY-ST-ZIP, 31 TITLE, 32 NAME, 33 STREET ADDRESS, 34 CITY-ST-ZIP, 41 TITLE, 42 NAME, 43 STREET ADDRESS, 44 CITY-ST-ZIP, 51 TITLE, 52 NAME, 53 STREET ADDRESS, 54 CITY-ST-ZIP, 61 TITLE, 62 NAME, 63 STREET ADDRESS, 64 CITY-ST-ZIP

100001897441
 -07/18/96--01011--039
 ***225.00

Handwritten signature/initials

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-96 954-450-0023

CR2E034 (3/96)