

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P96000070891**
 1. Corporation Name
COMTEC AMERICA, INC.

Principal Place of Business: **16115 SW 117 AVE STE 4 MIAMI FL 33177**
 Mailing Address: **16115 SW 117 AVE STE 4 MIAMI FL 33177**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/23/96**

4. FEI Number: **65-0743463** 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent: **GARCIA, CHRIS 16115 SW 117 AVE STE 4 MIAMI FL 33177**

10. Name and Address of New Registered Agent:

81 Name: _____
 82 Street Address (P.O. Box Number is Not Acceptable): _____
 83 _____
 84 City: **MIAMI** 85 Zip Code: **FL 33177**

11. Pursuant to the provisions of Sections 607.0202 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]* DATE: **5-28-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, J	1.2 NAME	
STREET ADDRESS	2411 SW 35 PLACE APT 4	1.3 STREET ADDRESS	← 3 name -
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	GARCIA, CHRIS
STREET ADDRESS		2.3 STREET ADDRESS	16115 S.W. 117 AVE SUITE 4
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL. 33177
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP/F <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	FIGUEROA, LETICIA
STREET ADDRESS		3.3 STREET ADDRESS	16115 S.W. 117 AV. SUITE 4
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL. 33177
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700002557337
STREET ADDRESS		6.3 STREET ADDRESS	-06/11/98--01100--012
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***508.75

14. 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 annual report or supplement to 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 officer 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **5-28-98** (305) 232-7164

CR2E034 (10/97)