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 # **P36167** **(5)**

1. Corporation Name

CAROLINA COM-TEC, INC.

Principal Place of Business	Mailing Address
1715 ORR INDUSTRIAL COURT CHARLOTTE NC 28213	1715 ORR INDUSTRIAL COURT CHARLOTTE NC 28213

3. Date Incorporated or Qualified: **11/01/1991**

3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip: 25: Country:

2a. Mailing Address
26: 8600 NW 36th Street
27: Suite, Apt. #, etc.: Eighth Floor
28: City & State: Miami FL
29: Zip: 33166 30: Country:

4. FEI Number: **56-1348664** ☐ 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

METCALF, DAVID J.
1004 DESOTO PARK DRIVE
TALLAHASSEE FL 32301

*changed recorded with Florida on 3/27/96

10. Name and Address of New Registered Agent

81 Name: * CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
83:
84 City: Plantation **FL** 85 Zip Code: 33324

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: _____ DATE: _____
(Signature, typed or printed name of registered agent and title, if applicable) (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	VTD	☐ Change ☒ Addition
NAME	GRAHAM, JAMES D., SR.		12 NAME	Carlos A. Valdes	
STREET ADDRESS	P.O. BOX 56 N/A		13 STREET ADDRESS	8600 NW 36th St, 8th Fl, Miami FL 33166	
CITY-ST-ZIP	CROSS SC		14 CITY-ST-ZIP	Miami FL 33166	
TITLE	VD	☐ DELETE	21 TITLE	P	☒ Change ☐ Addition
NAME	GRAHAM, JAMES D., JR.		22 NAME		
STREET ADDRESS	P.O. BOX 56 N/A		23 STREET ADDRESS		
CITY-ST-ZIP	CROSS SC		24 CITY-ST-ZIP		
TITLE	S	☒ DELETE	31 TITLE	V	☐ Change ☒ Addition
NAME	TRAYNHAM, CAREY		32 NAME	Ismael Perera	
STREET ADDRESS	425 VALHALLA DRIVE		33 STREET ADDRESS	8600 NW 36th St, 8th Fl	
CITY-ST-ZIP	HARRISBUR NC		34 CITY-ST-ZIP	Miami FL 33166	
TITLE	VTD	☒ DELETE	41 TITLE	S	☐ Change ☒ Addition
NAME	EAGLE, JERRY I.		42 NAME	Nancy J. Damon	
STREET ADDRESS	7216 DELTA LAKE DRIVE		43 STREET ADDRESS	8600 NW 36th St, 8th Fl.	
CITY-ST-ZIP	CHARLOTTE NC		44 CITY-ST-ZIP	Miami FL 33166.	
TITLE		☐ DELETE	51 TITLE	VD	☐ Change ☒ Addition
NAME			52 NAME	Jose M. Sarrejo	
STREET ADDRESS			53 STREET ADDRESS	8600 NW 36th St, 8th Fl	
CITY-ST-ZIP			54 CITY-ST-ZIP	Miami FL 33166.	
TITLE		☐ DELETE	61 TITLE	Jorge Mas, D	☐ Change ☒ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS	8600 NW 36th St, 8th Fl	
CITY-ST-ZIP			64 CITY-ST-ZIP	Miami FL 33166	

CR2E034 (12/95)

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: _____ Nancy J. Damon 5-28-96 305-599-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #