

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUL 19 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000036894 (2)**

1. Corporation Name  
**CARB/AMERICAS, INC.**

Principal Place of Business

201 S BISCAYNE BLVD  
1500 MIAMI CENTER  
MIAMI FL 33131

Mailing Address

201 S BISCAYNE BLVD  
1500 MIAMI CENTER  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/21/1993** 3a. Date of Last Report **03/24/1994**

4. FEI Number **65-0420218** 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

21. 675 SW 12 Avenue

26. 675 SW 12 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. Suite 1

27. Suite 1

City & State

City & State

23. Pompano Beach, FL

28. Pompano Beach, FL

Zip

Country

Zip

Country

24. 33069

25. US

29. 33069

30. US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD  
1500 MIAMI CENTER  
MIAMI FL 33131

81. Name **Andrew B. Hallinger, Esquire**

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

**200 B. Biscayne Boulevard**

83. Suite 2350

84. City **Miami**

FL

85. Zip Code

**33131**

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 registrant

(NOTE: Registered Agent signature required when re-registering)

DATE

*Andrew B. Hallinger* *June 26, 1995*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Px**  
NAME **POLLAK, HARVEY**  
STREET ADDRESS **15 DUNSTER RD.**  
CITY - ST - ZIP **GREAT NECK NY**

1.1 TITLE **P/D**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **S**  
NAME **PAIZ, FERNANDO**  
STREET ADDRESS **5630 S.W. 95TH TERR.**  
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **D**  
NAME **POLLAK, ANDREW M.**  
STREET ADDRESS **SUMMER FIELD LANE**  
CITY - ST - ZIP **WATER MILL NY**

3.1 TITLE **S/T/D**  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Andrew B. Hallinger*

*6/27/95*