

**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 # P93000036894 (2)**

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



|   |   |
|---|---|
| Principal Place of Business                                 | Mailing Address   |
| 675 SW 12 AVENUE<br>SUITE 1<br>POMPANO BEACH FL 33069<br>US | 675 SW 12 AVENUE<br>SUITE 1<br>POMPANO BEACH FL 33069<br>US |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>05/21/1993</b>  | 3a. Date of Last Report<br><b>07/19/1995</b>           |
| 4. FFI Number<br><b>65-0420218</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |
|--|--|
| 2. Principal Place of Business                 | 2a. Mailing Address                            |
| 21 675 S.W. 12th Avenue<br>Suite, Apt. #, etc. | 26 675 S.W. 12th Avenue<br>Suite, Apt. #, etc. |
| 22 Suite 1<br>City & State                     | 27 Suite 1<br>City & State                     |
| 23 Pompano Beach, FL<br>Zip Country            | 28 Pompano Beach, FL<br>Zip Country            |
| 24 33069 USA                                   | 29 33069 USA                                   |

9. Name and Address of Current Registered Agent

**HELLINGER, ANDREW B.  
200 B. BISCAYNE BOULEVARD  
SUITE 2350  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

|   |                                     |
|---|-------------------------------------|
| 81 Name   | <b>Andrew B. Hellinger, Esq.</b>    |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>200 South Biscayne Boulevard</b> |
| 83  | <b>Suite 2350</b>                   |
| 84 City   | <b>Miami, FL</b>                    |
| 85 Zip Code   | <b>33131</b>                        |

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]*

NOTE: Registered Agent signature required when transferring. DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | PD                          | <input type="checkbox"/> DELETE            |
| NAME           | <b>POLLAK, HARVEY</b>       |  |
| STREET ADDRESS | <b>15 DUNSTER RD.</b>       |  |
| CITY-ST-ZIP    | <b>GREAT NECK NY</b>        |  |
| TITLE          | S                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>PAIZ, FERNANDO</b>       |  |
| STREET ADDRESS | <b>5530 S.W. 95TH TERR.</b> |  |
| CITY-ST-ZIP    | <b>MIAMI FL</b>             |  |
| TITLE          | STD                         | <input type="checkbox"/> DELETE            |
| NAME           | <b>POLLAK, ANDREW M.</b>    |  |
| STREET ADDRESS | <b>SUMMER FIELD LANE</b>    |  |
| CITY-ST-ZIP    | <b>WATER MILL NY</b>        |  |
| TITLE          |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Harvey Pollak 3/20/96**  
Daytime Phone # \_\_\_\_\_

CR2E034 (12/95)