

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 676867 (5)
1. Corporation Name
CARBEN, INC.



Principal Place of Business
2150 N.W. 70TH AVE.
MIAMI FL 33122

Mailing Address
2150 N.W. 70TH AVE.
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/25/1980	
21		26		4. FEI Number 59-2127845	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WESLEY M. ROBINSON 501 BRICKELL KEY DRIVE, SUITE 504 MIAMI FL 33131				10. Name and Address of New Registered Agent	
				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 _____ DATE _____
Signature typed or printed here and registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAIZ, FERNANDO		1.2 NAME	Ricardo Andrade	
STREET ADDRESS	5530 S.W. 95TH TERRACE		1.3 STREET ADDRESS	7 Ave., 13-17 Zone 9	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Guatemala, Guatemala	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIZ, RODOLFO		2.2 NAME		
STREET ADDRESS	7 AVE 3-17 ZONE 9		2.3 STREET ADDRESS		
CITY-ST-ZIP	GUATEMALA, GU 00000		2.4 CITY-ST-ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIZ, SERGIO A		3.2 NAME		
STREET ADDRESS	7 AVE 3-17 ZONE 9		3.3 STREET ADDRESS		
CITY-ST-ZIP	GUATEMALA, GU 00000		3.4 CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIZ, CARLOS M		4.2 NAME		
STREET ADDRESS	7 AVE 3-17 ZONE 9		4.3 STREET ADDRESS		
CITY-ST-ZIP	GUATEMALA, GU 00000		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIZ DE SERRA, ISABEL		5.2 NAME		
STREET ADDRESS	7 AVE 3-17 ZONE 9		5.3 STREET ADDRESS		
CITY-ST-ZIP	GUATEMALA GU		5.4 CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, MICHAEL P.		6.2 NAME		
STREET ADDRESS	2150 N.W. 70TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

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 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:  Michael McCarthy 4/22/98 (35) 470-0000

CR2E034 (10/97)