

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 676867

1. Corporation Name
CARBEN, INC.

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

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

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90006 013 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/25/1980	
City & State		City & State		4. FEI Number	
Zip		Zip		59-2127845	
Country		Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
WESLEY M. ROBINSON				X	
501 BRICKELL KEY DRIVE, SUITE 504				\$8.75 Additional	
MIAMI FL 33131				Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes the current year Intangible	
				Personal Property Tax.	
				Yes No	
				8. This corporation owes the current year Intangible	
				Personal Property Tax.	
				Yes No	
				9. 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	

1. 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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C PAIZ, CARLOS M	1.1 TITLE	Change Addition
NAME	12 CALLE 1-80, ZONA 9	1.2 NAME	
STREET ADDRESS	GUATEMALA CITY GU	1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	Change Addition
TITLE	D ANDRADE, RICARDO M	2.1 TITLE	Change Addition
NAME	12 CALLE 1-80, ZONA 9	2.2 NAME	
STREET ADDRESS	GUATEMALA CITY GU	2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	Change Addition
TITLE	D RODRIGUEZ, ANIBAL	3.1 TITLE	Change Addition
NAME	12 CALLE 1-80, ZONA 9	3.2 NAME	
STREET ADDRESS	GUATEMALA CITY GU	3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	Change Addition
TITLE	D CHIU, MARIO	4.1 TITLE	Change Addition
NAME	12 CALLE 1-80, ZONA 9	4.2 NAME	
STREET ADDRESS	GUATEMALA CITY GU	4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	Change Addition
TITLE	S MORENO, MARIA DELORES	5.1 TITLE	Change Addition
NAME	12 CALLE 1-80, ZONA 9	5.2 NAME	
STREET ADDRESS	GUATEMALA CITY GU	5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	Change Addition
TITLE	PCEO MCCARTHY, MICHAEL P	6.1 TITLE	Change Addition
NAME	2150 N.W. 70TH AVENUE	6.2 NAME	
STREET ADDRESS	MIAMI FL 33122	6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	Change Addition

4. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)