## **←**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (1)M72465 DOCUMENT # CARBO CORPORATION Principal Place of Business Mailing Address % ULISES CARBO. JR. % ULISES CARBO, JR. 12201 TROPICAL WAY 12201 TROPICAL WAY MIAMI FL 33156 MIAMI FL 33156 3. Date Incorporated or Qualified 3a. Date of Last Report 03/11/1988 12/29/1995 4. FEt Number Applied For 65-0055199 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation has liability for intangula tax under s 199.032. Florida Statutes Yes No 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent ULISES JR. 82 11244 S.W. 128 DOURT MIAMI FL 33188 83 84 City Sections 607.0502 and 607.1508, Florida Statutes, the above named curporation submits this statement for the purpose of changing its registered office 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 philipations of Section 607.0505. Florida Statutes. 11. Pursuant to the pr or registered age familiar with, and SIGNATURE (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS DELETE Change ☐ Addition 1. 1 TITLE THILE CARBO, ULISES CR2E034 NAME 1.2 NAME 12201 TROPICAL WAY STREET ADDRESS 1.3 STREET ADDRESS PINECRE CITY - ST - ZIP 14 CITY - \$1-2IP Change ■ Addition TITLE 2 1 TITLE 22 NAME 23 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 24 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CUTY - ST - ZIF 3 4 CITY - ST- ZIP DELETE Change ■ Addition THUE 4. 1 TO LE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change DELETE ☐ Addition THE 5 1 TITLE 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CITY-ST-ZIP TILLE □ DEFELE 6 1 TITLE ☐ Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP 14. I do hereby certify that the information con-certify that the information indicated on this cath; that I am an officer or director of the Med with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under deporation 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 LLISES CARDO

SIGNATURE: