

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

**FILED**

**Feb 12 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P94000047566 (2)**

1. Corporation Name  
**CARBO-VIT CORP.**



Principal Place of Business  
**6061 COLLINS AVE.  
#18E  
MIAMI BEACH FL 33114  
US**

Mailing Address  
**P.O. BOX 144396  
#18E  
CORAL GABLES FL 33114-4396  
US**

3. Date Incorporated or Qualified **06/20/1994**      3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **65-0511422**      Applied For  Not Applicable

21 Suite, Apt #, etc.

26 **P. O. Box 14396**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 **CORAL GABLES, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country

28 **33114-4396**      30 **DADE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARTZE, HECTOR  
6061 COLLINS AVE.  
#18E  
MIAMI BEACH FL 33140**

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

Sign the type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>ARTZE, HECTOR</b>	
STREET ADDRESS	<b>) COLLINS AVENUE #18E</b>	
CITY- ST- ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>PRIETO, EDUARDO A</b>	
STREET ADDRESS	<b>10620 SW 98TH STREET</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>PRIETO, ROSA H</b>	
STREET ADDRESS	<b>10620 SW 98TH STREET</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 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: *Hector Artze*      **Hector Artze**      2/7/97      (305) 882-2115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)