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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000087278 (5)			
1. Corporation Name CARBELL OF AMERICA, INC.			
Principal Place of Business 8601 S.W. 40 STREET MIAMI FL 33143		Mailing Address P.O. BOX 450809 MIAMI FL 33155	
2. Principal Place of Business 21 7521 Los Pinos Blvd		2a. Mailing Address 26 PO BOX 450809	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State Coral Gables FL		28 City & State Miami FL	
24 Zip 133143		29 Zip 33245	
25 Country USA		30 Country USA	
9. Name and Address of Current Registered Agent			
ALONSO, ALICIA 2754 NW NORTH RIVER DR. SUITE 304 MIAMI FL 33142			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable) 7521 Los Pinos Blvd			
83			
84 City Coral Gables			
85 Zip Code 33143			
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, typed 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			
1.1 TITLE ALONSO, ALICIA			
1.2 NAME PO BOX 450809 N/A			
1.3 STREET ADDRESS Miami FL 33245			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
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: Alonso SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

9/21/96 666 8119
Date Daytime Phone #