

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000007270

1. Corporation Name

CAROFEL INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

01/24/1995

3a. Date of Last Report

4. FET Number

Applied For

✓ Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

2. Principal Place of Business

21 5201 Blue Lagoon Dr.

2a. Mailing Address

26 5201 Blue Lagoon Dr.

Suite, Apt. #, etc.

22 Suite 100

Suite, Apt. #, etc.

27 Suite 100

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33126

Country

25

Zip

29 33126

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

SKOLA, THOMAS J.

82 Street Address (P.O. Box Number is Not Acceptable)

5201 Blue Lagoon Drive, Suite 100

83

84 Miami

FL

85 33126

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

2/29/96

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE PT  
12 NAME ALFARO DE ALBA, ELOY  
13 STREET ADDRESS 5201 Blue Lagoon Dr., Suite 100  
14 CITY - ST - ZIP Miami, Florida 33126

Change Addition

2 1 TITLE S  
22 NAME ALFARO, PATRICIA BOYD DE  
23 STREET ADDRESS 5201 Blue Lagoon Drive, Suite 100  
24 CITY - ST - ZIP Miami, Florida 33126

Change Addition

3 1 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

Change Addition

4 1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

Change Addition

5 1 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

Change Addition

6 1 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

11 MARCH 1996 (507) 263 6066

Date

Daytime Phone #

CR2E034 (12/95)