

**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 # **S02886 (7)**

1. Corporation Name  
**CARAMBOLA FARMS, INC.**



Principal Place of Business: **150 WEST FLAGLER ST. SUITE 2200 MIAMI FL 33130**  
Mailing Address: **150 WEST FLAGLER ST. SUITE 2200 MIAMI FL 33130**

3. Date Incorporated or Qualified: **09/28/1990**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0220112**  
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**  
2a. Mailing Address: **26 P.O. Box 522397**  
22. Suite, Apt. #, etc.: **27**  
23. City & State: **28 Miami FL**  
24. Zip: **29 33152-2397** Country: **30 USA**

**9. Name and Address of Current Registered Agent**

**FREED, OWEN S.  
150 WEST FLAGLER STREET  
2200 MUSEUM TOWER  
MIAMI FL 33130**

**10. Name and Address of New Registered Agent**

81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_ State: **FL** Zip Code: **85**

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 as in Fla. Stat. 607.1508 (b)(1) (b)(2) (b)(3) (b)(4) (b)(5) (b)(6) (b)(7) (b)(8) (b)(9) (b)(10) (b)(11) (b)(12) (b)(13) (b)(14) (b)(15) (b)(16) (b)(17) (b)(18) (b)(19) (b)(20) (b)(21) (b)(22) (b)(23) (b)(24) (b)(25) (b)(26) (b)(27) (b)(28) (b)(29) (b)(30) (b)(31) (b)(32) (b)(33) (b)(34) (b)(35) (b)(36) (b)(37) (b)(38) (b)(39) (b)(40) (b)(41) (b)(42) (b)(43) (b)(44) (b)(45) (b)(46) (b)(47) (b)(48) (b)(49) (b)(50) (b)(51) (b)(52) (b)(53) (b)(54) (b)(55) (b)(56) (b)(57) (b)(58) (b)(59) (b)(60) (b)(61) (b)(62) (b)(63) (b)(64) (b)(65) (b)(66) (b)(67) (b)(68) (b)(69) (b)(70) (b)(71) (b)(72) (b)(73) (b)(74) (b)(75) (b)(76) (b)(77) (b)(78) (b)(79) (b)(80) (b)(81) (b)(82) (b)(83) (b)(84) (b)(85) (b)(86) (b)(87) (b)(88) (b)(89) (b)(90) (b)(91) (b)(92) (b)(93) (b)(94) (b)(95) (b)(96) (b)(97) (b)(98) (b)(99) (b)(100)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FREED, OWEN S.</b>
STREET ADDRESS	<b>150 WEST FLAGLER ST.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>BIOCCHI, FRANCO</b>
STREET ADDRESS	<b>150 W FLAGLER STREET</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>GUARDAZZI, REMO</b>
STREET ADDRESS	<b>150 W FLAGLER STREET</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>BIOCCHI, FRANCO JR</b>
STREET ADDRESS	<b>150 W FLAGLER STREET</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>GUARDAZZI, SERGIO</b>
STREET ADDRESS	<b>150 W FLAGLER STREET</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>CURATOLO, MARIA V</b>
STREET ADDRESS	<b>150 W FLAGLER STREET</b>
CITY - ST - ZIP	<b>MIAMI FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit on
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"/> Addit on
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)(x), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 (305) 789-3456

CR2E034 (12/95)