

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

APPROVED AND FILED

95 MAY 25 PM 2:02

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V02973 (8)
 CORPORATION NAME
CAROM FINANCIAL CORPORATION

Principal Place of Business: **TWO ALHAMBRA PLAZA PENTH CORAL GABLES FL 33134 US**
 Mailing Address: **TWO ALHAMBRA PLAZA PENTH CORAL GABLES FL 33134 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:	2a. Mailing Address:	3. Date Incorporated or Qualified:	3a. Date of Last Report:
21 ONE ALHAMBRA PLAZA	26 ONE ALHAMBRA PLAZA	12/30/1991	05/01/1994
22 C20	27 C20	4. FEI Number:	Applied For:
23 Coral Gables FL	28 Coral Gables FL	65-0405647	<input type="checkbox"/> Not Applicable
24 33134	25 Dade	5. Certificate of Status Desired:	<input type="checkbox"/> \$8.75 Additional Fee Required
29 Dade	30 Dade	6. Election Campaign Financing Trust Fund Contribution:	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent:		10. Name and Address of New Registered Agent:	

**BARBATO, JOANNE T.
 TWO ALHAMBRA PLAZA
 PENTHOUSE 1E
 CORAL GABLES FL 33134**

01 Name
 02 Street Address (P O Box Number is Not Acceptable)
ONE ALHAMBRA PLAZA
 03 **SUITE 620**
 04 City **CORAL GABLES FL** 05 Zip Code **33134**

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 of the present officer or registered agent and the predecessor.

NAME (Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKEN, HOWARD	1.2 NAME	
STREET ADDRESS	TWO ALHAMBRA PLAZA, PH 1E	1.3 STREET ADDRESS	800001501148
CITY, ST, ZIP	CORAL GABLES FL	1.4 CITY, ST, ZIP	-05/30/95--01031--017
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE STAFANIS, PAUL	2.2 NAME	
STREET ADDRESS	TWO ALHAMBRA PLAZA, PH 1E	2.3 STREET ADDRESS	
CITY, ST, ZIP	CORAL GABLES FL	2.4 CITY, ST, ZIP	
TITLE	PRESIDENT	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH DANIEL M.	3.2 NAME	
STREET ADDRESS	508 NORTH 2ND ST	3.3 STREET ADDRESS	
CITY, ST, ZIP	FAIRFIELD IA	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Richard F. Landray
STREET ADDRESS		4.3 STREET ADDRESS	ONE ALHAMBRA PLAZA
CITY, ST, ZIP		4.4 CITY, ST, ZIP	SUITE 620 CORAL GABLES FL 33134
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	1995
STREET ADDRESS		6.3 STREET ADDRESS	5/25/95
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. The filer certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(3)(b), Florida Statutes. I further certify that the information included on the 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or report attachment with an addition.

SIGNATURE: *Richard F. Landray*
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

305-446-0023
 (Tallahassee)