

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

FILED

**Jun 17 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 # V10858
1. Corporation Name

(1)

CARFAM CORPORATION

Principal Place of Business
**8431 Dundee Terrace
Miami Lakes, FL 33016**

Mailing Address
**P.O. BOX 2703
Hialeah, FL 33012**

3. Date Incorporated or Qualified **02-01-92** 3a. Date of Last Report **1996**

2. Principal Place of Business
8431 Dundee Terrace

2a. Mailing Address
P.O. Box 2703

4. FEI Number **65-0317901** Applied For Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

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

22 City & State

27 City & State

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

23 **Miami Lakes, FL**

28 **Hialeah, FL**

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

24 Zip **33016**

25 Country **U.S.A.**

29 Zip **33012**

30 Country **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Avchen, Barney B
Attorney-AT-Law
226 Palm Spring Center
1840 West 49th. Street
Hialeah, FL 33012**

81 Name **Arturo Carvajal M.D.**
82 Street Address (P.O. Box Number is Not Acceptable) **8431 Dundee Terrace**
83
84 City **Miami Lakes, FL** 85 Zip Code **33016**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **04/09/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arturo Carvajal M.D.	1.2 NAME	
STREET ADDRESS	8431 Dundee Terrace	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Lakes, FL 33016	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	300002215843
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-06/18/97--01055--017
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	***165.00
CITY-ST-ZIP		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: *[Signature]* DATE: **06/09/97** DAYTIME PHONE: **305 622-8080**

CR2E034 (9/96)