

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra E. Myrtham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000000511 (3)**

1. Corporation Name

ALBAN USA, INC.



Principal Place of Business Mailing Address
C/O JOHN WHITE, GEBHARDT & WHITE
2500 TAMiami TRAIL NORTH
NAPLES FL 33940

3. Date Incorporated or Qualified **01/03/1994** 3a. Date of Last Report **02/24/1995**
 4. FEI Number **65-0457958** 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. 193.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **5121 Castello Dr.** 26 **5121 Castello Dr.**
 Suite, Apt #, etc. Suite, Apt #, etc.
 22 **Ste # 2** 27 **Suite # 2**
 City & State City & State
 23 **Naples, FL** 28 **Naples, FL**
 Zip Country Zip Country
 24 **34103** 25 **USA** 29 **34103** 30 **USA**

9. Name and Address of Current Registered Agent
WHITE, JOHN
C/O JOHN WHITE, GEBHARDT & WHITE
2500 TAMiami TRAIL NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent
 81 Name **John White**
 82 Street Address (P.O. Box Number is Not Acceptable) **5121 Castello Dr.**
 83 **Suite # 2**
 84 City **Naples** 85 Zip Code **FL 34103**

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]* **JOHN P. WHITE** 7-11-96
Signature (handwritten or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	WHITE, JOHN P
STREET ADDRESS	2500 TAMiami TRAIL NORTH #112
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MURAOUR, ALAIN
STREET ADDRESS	37 RUE DES NOIRETTES CAROUGE
CITY-ST-ZIP	1227 GENEVA, SWITZERLAND
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	John P. White
13 STREET ADDRESS	5121 Castello Dr. Ste. #2
14 CITY-ST-ZIP	Naples, FL 34103
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JOHN P. WHITE, PRES.** 7-11-96 941-649-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Phone #

CR2E034 (3/96)