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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400000511 1. Corporation Name

ALBAN USA, INC.

Principal Place of Business Mailing Address

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90135 031 ***150.00



5121 CASTELLO DR. STE. 2 NAPLES FL 34103 US		5121 CASTELLO DR STE 2 NAPLES FL 34105 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/03/1994		
						4. FEI Number		pplied For
2. Principal Pl	ace of Business	2a. Mailing Address	¬ •			1 ** * * * * * * * * * * * * * * * * *	<u> </u>	ot Applicable
21		26				65-0457958		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ' ' ' '			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year		_/
24	25	29	30			Personal Property Tax.	☐ Yes	D (%)
	9. Name and Address of Curren	t Registered Agent		Ь.		10. Name and Address of New Registere	d Agent	<u> </u>
				81	Name		•	
WHITE, JOHN				82	Street A	ddress (P.O. Box Number is Not Acceptable)	_	
5121 CASTELLO DR.				02	Judei A	paress (F.o. Box Hambor to Hot Hoop to		
SUITE 2				83				
NAPLES FL 34103								Codo
				84 City FL 85 Zip Code				
office or re	to the provisions of Sections 607.050 egistered about, or both, in the State m familiar with and accept the obliga	of Florida. Such change w	vas autnorize	a by	the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	Official as in	s registered egistered
SIGNATURE	154					3/18/9	7	
	Signature, typed or printed name of registered ager	<u> </u>			t signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS.	AND DIRECT	ODS IN 12
12.	OFFICERS AND DIRECTORS Delete			13.		ADDITIONS/CHANGES TO OFFICERS	Change	
TITLE			_	1.1 TITLE				
NAME	WHITE, JOHN P			1.2 NAME				
STREET ADDRESS	5121 CASTELLO DR, STE. #2			1.3 STREET ADORESS				
City-St-zi₽	NAPLES FL			1.4 CITY-ST-ZIP			Chopse	Addition
TITLE	D DELETE		E 2.1 T	2.1 TITLE			☐ Change	☐ Addition
NAME	Muraour, Alain		2.21	AME		·		
STREET ADDRESS 37 RUE DES NOIRETTES CAROUGE			2.3 5	2.3 STREET ADDRESS				
CITY-ST-ZIP	1227 GENEVA, SWITZERLAND			CITY-S	T-ZIP			
TITLE		☐ DELE1	TE 3,1 1	ITLE			☐ Change	☐ Addition
NAME			321	AME				i
STREET ADDRESS			3.3 5	TREET	ADDRESS			

CITY-ST-ZIP 14. I 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 dorporation 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, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

□ DELETE

☐ DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

☐ Change

☐ Change

☐ Addition

☐ Addition

Addition