

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077222 (5)

1. Corporation Name
NABLA INTERNATIONAL CORPORATION



Principal Place of Business: **2600 SW 3RD AVE SUITE 301 MIAMI FL 33129**
Mailing Address: **2600 SW 3RD AVE SUITE 301 MIAMI FL 33129**

3. Date Incorporated or Qualified: **10/20/1994**
3a. Date of Last Report: **03/15/1995**

2. Principal Place of Business: **21 10051 NW 43 Terrace**
Suite, Apt. #, etc.:
City & State: **22 Miami, Florida**
Zip: **24 33178** Country: **25 U.S.A.**
2a. Mailing Address: **26 10051 NW 43 Terrace**
Suite, Apt. #, etc.:
City & State: **27 Miami, Florida**
Zip: **29 33178** Country: **30 U.S.A.**

4. FEI Number: **NOT APPLICABLE**
Applied For: 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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
BRITO, LEONARDO F ESO
2600 SW 3RD AVE SUITE 301
MIAMI FL 33129

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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:

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ESCOBAR, EDWIN	
STREET ADDRESS	1735 CHICAGO AVE #615	
CITY-ST-ZIP	EVANSTON IL 60201	
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

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ESCOBAR, EDWIN	
1.3 STREET ADDRESS	10051 NW 43 Terrace	
1.4 CITY-ST-ZIP	Miami, Florida 33178	
2.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jorge Rodriguez	
2.3 STREET ADDRESS	20 Calle 6-43 Zona 10	
2.4 CITY-ST-ZIP	City of Guatemala, Guatemala, CentroAmerica	
3.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ricardo Erales	
3.3 STREET ADDRESS	20 Calle 6-43 Zona 10	
3.4 CITY-ST-ZIP	City of Guatemala, Guatemala, CentroAmerica	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Otto Alvarez	
4.3 STREET ADDRESS	20 Calle 6-43 Zona 10	
4.4 CITY-ST-ZIP	City of Guatemala, Guatemala, CentroAmerica	
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"/> Addition
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)(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 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]* **1/30/96** **305 697 2625**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)