

**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 # **S39688 (4)**

1. Corporation Name

**PROBAN INTERNATIONAL CORPORATION**



Principal Place of Business

Mailing Address

1221 BRICKELL AVENUE  
SUITE 2500  
MIAMI FL 33131  
US

1221 BRICKELL AVENUE  
SUITE 2500  
MIAMI FL 33131  
US

2. Principal Place of Business

2a. Mailing Address

21 550 Biltmore Way

26 550 Biltmore Way

22 Suite 730

27 Suite 730

23 Coral Gables FL

28 Coral Gables FL

24 33134

25 USA

29 33134

30 USA

9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified  
**03/21/1991**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0250772**

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

10. Name and Address of New Registered Agent

HUNTER, BARRY D  
1221 BRICKELL AVENUE  
STE 2500  
MIAMI FL 33131

81 Name: **Javier Ochoa**  
82 Street Address (P.O. Box Number is Not Acceptable):  
**550 Biltmore Way Suite 730**  
83 [REDACTED]  
84 City: **Coral Gables** FL 85 Zip Code: **33134**

11. Pursuant to the provisions of Sections 607.050 and 607.0508, 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 duties of, Sections 607.050 and 607.0508, Florida Statutes.

SIGNATURE

*Javier Ochoa*

**Javier Ochoa, V.P.**

**4/23/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>RESTREPO, ANDRES</b>
STREET ADDRESS	<b>1221 BRICKELL AVE., STE 2500</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>ST VELEZ, JUAN ANTONIO</b>
STREET ADDRESS	<b>1221 BRICKELL AVE., STE 2500</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D LEAVER, JAMES</b>
STREET ADDRESS	<b>1221 BRICKELL AVENUE, STE 2500</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D ECHAVARRIA, NICOLAS</b>
STREET ADDRESS	<b>1221 BRICKELL AVENUE, STE 2500</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D BERNAL, IRVING</b>
STREET ADDRESS	<b>1221 BRICKELL AVE., STE 2500</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>URIBE, SANTIAGO</b>
STREET ADDRESS	<b>1221 BRICKELL AVENUE, STE 2500</b>
CITY-ST-ZIP	<b>MIAMI FL</b>

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>P D RESTREPO, ANDRES</b>
13 STREET ADDRESS	<b>550 Biltmore Way Suite 730</b>
14 CITY-ST-ZIP	<b>Coral Gables FL 33134</b>
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>ST VELEZ, JUAN ANTONIO</b>
23 STREET ADDRESS	<b>550 Biltmore Way Suite 730</b>
24 CITY-ST-ZIP	<b>Coral Gables FL 33134</b>
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>D LEAVER, JAMES</b>
33 STREET ADDRESS	<b>550 Biltmore Way Suite 730</b>
34 CITY-ST-ZIP	<b>Coral Gables FL 33134</b>
4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>V.P. OCHOA, JAVIER</b>
43 STREET ADDRESS	<b>550 Biltmore Way Suite 730</b>
44 CITY-ST-ZIP	<b>Coral Gables FL 33134</b>
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>D URIBE SANTIAGO</b>
63 STREET ADDRESS	<b>550 Biltmore Way Suite 730</b>
64 CITY-ST-ZIP	<b>Coral Gables FL 33134</b>

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 executor 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 my address.

SIGNATURE:

*Javier Ochoa*

**Javier Ochoa, V.P. 4/23/96**

**305.529.1383**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)