

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

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S39688 (4)
1. Corporation Name
PROBAN INTERNATIONAL CORPORATION



Principal Place of Business 550 BILTMORE WAY SUITE 730 CORAL GABLES FL 33134 US	Mailing Address 550 BILTMORE WAY SUITE 730 CORAL GABLES FL 33134-5730 US
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3. Date Incorporated or Qualified 03/21/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0250772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Apartado Aereo 52463 Suite, Apt. #, etc.	2a. Mailing Address 26 Apartado Aereo 52463 Suite, Apt. #, etc.
22 City & State 23 Medellin, Colombia	27 City & State 28 Medellin Colombia
24 Zip Country 25	29 Zip Country 30

9. Name and Address of Current Registered Agent
**OCHOA, JAVIER
550 BILTMORE WAY
SUITE 730
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
Jeff Murnik
82 Street Address (P.O. Box Number is Not Acceptable)
BERKOWITZ DICK POLLACK & BRANT
83 **One Southeast Third Avenue, 15th floor**
84 City
Miami FL 85 Zip Code
33131

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: *Jeffery Murnik* (NOTE: Registered Agent signature required when reinstating) DATE: **4/17/97**

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	RESTREPO, ANDRES
STREET ADDRESS	550 BILTMORE WAY STE 730
CITY - ST - ZIP	CORAL GABLES FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	VELEZ, JUAN ANTONIO
STREET ADDRESS	550 BILTMORE WAY SUITE 730
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LEAVER, JAMES
STREET ADDRESS	550 BILTMORE WAY SUIT E730
CITY - ST - ZIP	CORAL GABLES FL
TITLE	V <input type="checkbox"/> DELETE
NAME	OCHOA, JAVIER
STREET ADDRESS	550 BILTMORE WAY STE 730
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	URIBE, SANTIAGO
STREET ADDRESS	550 BILTMORE WAY #730
CITY - ST - ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RESTREPO, ANDRES
1.3 STREET ADDRESS	APARTADO AEREO 52463
1.4 CITY - ST - ZIP	MEDELLIN COLOMBIA
2.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VELEZ, JUAN ANTONIO
2.3 STREET ADDRESS	APARTADO AEREO 52463
2.4 CITY - ST - ZIP	MEDELLIN COLOMBIA
3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LEAVER, JAMES
3.3 STREET ADDRESS	APARTADO AEREO 52463
3.4 CITY - ST - ZIP	MEDELLIN COLOMBIA
4.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	OCHOA, JAVIER
4.3 STREET ADDRESS	APARTADO AEREO 52463
4.4 CITY - ST - ZIP	MEDELLIN COLOMBIA
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	URIBE, SANTIAGO
5.3 STREET ADDRESS	APARTADO AEREO 52463
5.4 CITY - ST - ZIP	MEDELLIN COLOMBIA
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 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, unchanged, or on an attachment with an address.

SIGNATURE: *Javier Ochoa* **JAVIER OCHOA** Date Daytime Phone #

CFR2E034 (9/96)