

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
98 JUL 28 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S39688**
1. Corporation Name
PROBAN INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
**APARTADO AEREO 52463
MEDELLIN, COLOMBIA
SOUTH AMERICA** **APARTADO AEREO 52463
MEDELLIN, COLOMBIA
SOUTH AMERICA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/21/1991

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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 **Apartment Aereo 52463** 26 **Apartment Aereo 52463**
Suite, Apt. #, etc Suite, Apt. #, etc

22 City & State 27 City & State

23 **Medellin, Colombia** 28 **Medellin, Colombia**
Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**Jeff Mutnik
Berkowitz Dick Pollack & Brant
One Southeast Third Avenue
15th Floor
Miami, Florida 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME **RESTREPO, ANDRES**

STREET ADDRESS **Apartment Aereo 52463**

CITY-ST-ZIP **Medellin Colombia**

TITLE ST DELETE

NAME **Velez, Juan Antonio**

STREET ADDRESS **Apartment Aereo 52463**

CITY-ST-ZIP **Medellin Colombia**

TITLE D DELETE

NAME **Leaver, James**

STREET ADDRESS **Apartment Aereo 52463**

CITY-ST-ZIP **Medellin Colombia**

TITLE V DELETE

NAME **Ochoa, Javier**

STREET ADDRESS **Apartment Aereo 52463**

CITY-ST-ZIP **Medellin Colombia**

TITLE D DELETE

NAME **Uribe, Santiago**

STREET ADDRESS **Apartment Aereo 52463**

CITY-ST-ZIP **Medellin Colombia**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

800002601998--6

-07/29/98--01081--016

******150.00 ****150.00**

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 (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 registered 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 changing or on an alternate list with an address.

SIGNATURE: **JAVIER OCHOA** 07/22/98 (574) 313 6011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

7/28/98
7/28/98