

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

FILED
May 06 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 # **368211** (9)

1. Corporation Name
TURBANA CORPORATION

Principal Place of Business
**550 BILTMORE WAY #730
P.O. BOX 140009
CORAL GABLES FL 33114-0009**

Mailing Address
**550 BILTMORE WAY #730
P.O. BOX 140009
CORAL GABLES FL 33114-0009**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/11/1970	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 59-1304116	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired 3 certificates	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	25	Country	29	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	11 TITLE	D
NAME	PINEDA, JORGE HERNAN	12 NAME	GUILLERMO GAVIRIA
STREET ADDRESS	550 BILTMORE WAY, #730	13 STREET ADDRESS	UNION DE BANANEROS
CITY - ST - ZIP	CORAL GABLES FL	14 CITY - ST - ZIP	MEDELLIN, COLOMBIA
TITLE	V	21 TITLE	
NAME	ESCOBAR, ELKIN	22 NAME	
STREET ADDRESS	550 BILTMORE WAY #730	23 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	24 CITY - ST - ZIP	
TITLE	T	31 TITLE	
NAME	ORO, CARLOS	32 NAME	
STREET ADDRESS	550 BILTMORE WAY #730	33 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	
NAME	HENRIQUEZ, GUILLERMO	42 NAME	
STREET ADDRESS	UNION DE BANANEROS	43 STREET ADDRESS	
CITY - ST - ZIP	MEDELLIN, COLOMBIA	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	
NAME	MEJIA, ALBERTO L	52 NAME	
STREET ADDRESS	UNION DE BANANEROS	53 STREET ADDRESS	
CITY - ST - ZIP	MEDELLIN, COLOMBIA	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	
NAME	EMURA, MARIO	62 NAME	
STREET ADDRESS	UNION DE BANANEROS	63 STREET ADDRESS	
CITY - ST - ZIP	MEDELLIN, COLOMBIA	64 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 if changed, or on an attachment with an address.

SIGNATURE:

Elkin Escobar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELKIN ESCOBAR

4-28-97

Date

(305) 445-1542

Daytime Phone #

CR2E034 (9/96)