2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT\# S39688

Entity Name: PROBAN INTERNATIONAL CORPORATION

## Current Principal Place of Business:

CALLE 52 NO. 47-42
PISO 16
MEDELLIN, COLOMBIA 00000

## Current Mailing Address:

999 PONCE DE LEON BLVD
SUITE 900
CORAL GABLES, FL 33134 US

FEI Number: 65-0250772
Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

BERKOWITZ DICK POLLACK \& BRANT
200 SOUTH BISCAYNE BLVD, 6 FLR
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE:
Electronic Signature of Registered Agent

## Officer/Director Detail :

| Title | VP | Title | PD |
| :---: | :---: | :---: | :---: |
| Name | GUILLERMO, GAVIRIA | Name | ARANGO, LUIS F |
| Address | $\begin{aligned} & \text { CALLE } 52 \text { NO. 47-42 } \\ & \text { PISO } 16 \end{aligned}$ | Address | $\begin{aligned} & \text { CALLE } 52 \text { NO. 47-42 } \\ & \text { PISO } 16 \end{aligned}$ |
| City-State-Zip: | MEDELLIN COLOMBIA 00000 | City-State-Zip: | MEDELLIN COLOMBIA 00000 |
| Title | TREASURER, SECRETARY | Title | D |
| Name | MEJIA, IVAN | Name | PENAGOS, OSCAR E |
| Address | CALLE 52 No. 47-42 | Address | $\begin{aligned} & \text { CALLE } 52 \text { NO. 47-42 } \\ & \text { PISO } 16 \end{aligned}$ |
| City-State-Zip: | MEDELLIN COLOMBIA P. 16 | City-State-Zip: | MEDELLIN COLOMBIA 00000 |
| Title | D |  |  |
| Name | SILVA, JOSE |  |  |
| Address | CALLE 52 NO. 47-42 <br> PISO 16 | Name Address | $\begin{aligned} & \text { CALLE } 52 \text { NO. 47-42 } \\ & \text { PISO } 16 \end{aligned}$ |
| City-State-Zip: | MEDELLIN COLOMBIA 00000 | City-State-Zip: | MEDELLIN COLOMBIA 00000 |

[^0]SIGNATURE: LUIS F ARANGO
PRESIDENT, DIRECTOR 01/14/2014


[^0]:    hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

