

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
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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 Zip	30 Country
g. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINEDA, JORGE HERNAN	1.2 NAME	GUILLERMO GAVIRIA
STREET ADDRESS	550 BILTMORE WAY, #730	1.3 STREET ADDRESS	UNION DE BANANEROS
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	MEDELLIN, COLOMBIA
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCOBAR, ELKIN	2.2 NAME	
STREET ADDRESS	550 BILTMORE WAY #730	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORO, CARLOS	3.2 NAME	
STREET ADDRESS	550 BILTMORE WAY #730	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRIQUEZ, GUILLERMO	4.2 NAME	
STREET ADDRESS	UNION DE BANANEROS	4.3 STREET ADDRESS	
CITY - ST - ZIP	MEDELLIN, COLOMBIA	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEJIA, ALBERTO L	5.2 NAME	
STREET ADDRESS	UNION DE BANANEROS	5.3 STREET ADDRESS	
CITY - ST - ZIP	MEDELLIN, COLOMBIA	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMURA, MARIO	6.2 NAME	200002173642
STREET ADDRESS	UNION DE BANANEROS	6.3 STREET ADDRESS	-05/09/97--01117--003
CITY - ST - ZIP	MEDELLIN, COLOMBIA	6.4 CITY - ST - ZIP	***191.25

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* **ELKIN ESCOBAR** **4-28-97** **(305) 445-1542**

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

CR2E034 (9/96)

Handwritten signature/initials