PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 368211

1. Corporation Name

TURBANA CORPORATION

						-				
Principal Place of Business Mailing Address									••••	
550 BILTMORE WAY #730 550 BILTMORE WAY #73										
P.O. BOX 140009		P.O. BOX 140009				DO NOT MOTE IN THIS SPACE				
CORAL GABLES FL 33114-0009		CORAL GABLES FL 33114-0009			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
						08/11/1970				
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Ann	lied For
─ 7 '	lace of Business	26				59-1304116			Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8		dditional	
	#, GIC.	27			5. Certifcate of Status Desired	×		e Rec		
City & State	<u></u>	City & State			6. Election Campaign Financing		\$ 5	200	May Be	
23		28			Trust Fund Contribution		,		Fees	
Zip	Country	Zip	Countr	y		8. This corporation owes the cu.	rent vear tr			
24	25		30			Personal Property Tax.	,	X Yes	. [□No
	9. Name and Address of Current		- T			10. Name and Address of New	Registered	d Agent		
			81	Nam	ie					
	CORPORATION SYSTEM		82	N 01-	-4 0 1-4	Idress (P.O. Box Number is Not Acceptable)				
1200) s pine island RD	,		Stre	et Addres	ss (P.O. Box Number is Not Accep	lable)			
Plai	NTATION FL 33324		83	3						
				<u> </u>						
			84	City			FI	85	Zip C	ode
14 Pursuant	to the provisions of Sections 607.0502	2 and 607 1508. Florida Statute	s the abov	/e-name	ed corpor	ration submits this statement for the	purpose c	of changin	ng its r	egistered
office or r	egistered agent or both in the State of	of Florida. Such change was au	thorized by	/ the co	rporation	's board of directors. I hereby acce	pt the appo	ointment a	as reg	istered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statute:	S.						
SIGNATURE	Signature, typed or printed name of registered agent	t and title if anologable (NOTE)	Registered Ape	nt signatu	re required v	when reinstating)	DATE			
12.	OFFICERS AN	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO O	FICERS A	ND DIRE	CTOF	RS IN 12
TITLE	CEO	☐ DELETE	1.1 TITLE	1.1 TITLE				Cha	inge	Addition
NAME	PINEDA, JORGE HERNAN		1.2 NAME			å				
STREET ADDRESS	550 BILTMORE WAY, #730		1.3 STREE	T ADDRE	ss					
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-5	ST-71P	-					
TITLE	CFO	☐ DELETE	2.1 TITLE					Cha	nge	Addition
NAME	ESCOBAR, ELKIN		2.2 NAME							
STREET ADDRESS	550 BILTMORE WAY #730		2.3 STREE	T ADDRE	ss .					
CITY-ST-ZIP	CORAL GABLES FL-33134		2.4 CITY-		1					
TITLE	D	☐ DELETE	3.1 TITLE		 			☐ Cha	inge	☐ Addition
NAME	HENRIQUEZ, GUILLERMO		3.2 NAME							
STREET ADDRESS	UNION DE BANANEROS		3.3 STREE	TADDRE	ss					
CITY-ST-ZIP	MEDELLIN, COLOMBIA		3.4. CITY-		-					
TITLE	D	☐ DELETE	4.1 TITLE	01- <u>21</u>				Cha	inge	Addition
NAME	MEJIA. ALBERTO L		4 2 NAME						-	
	UNION DE BANANEROS		4.3 STREE		ss					
STREET ADDRESS			4.4 CITY-		~					
CITY-ST-ZIP TITLE	MEDELLIN, COLOMBIA D	□ DELETE	5.1 TITLE	31-4P	1			[] Cha	ange	Addition
	I T	C) OLLLIC	5.2 NAME		1				J-	
NAME	GUILLERMO, GAVIRIA		5.3 STREE		ss					
STREET ADDRESS	UNION DE BANANEROS		5.4 CITY-1							
CITY-ST-ZIP	MEDELLIN, COLOMBIA	☐ DELETE	6.1 TITLE	3114IF	-			☐ Cha	ande	Addition
TITLE		L.J DELETE	6.2 NAME						- 19-0	L
NAME	İ		U.Z IVWIE		1					

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE

Date

Date

Daytime Phone #

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90045 015 ***158.75

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Turbana Corporation I.D. No. 59-1304116

Continuation of Block 12

Title

D

Name

Mejía, Ivan

Address

Union de Bananeros de Uraba

City-St-Zip

Medellín, Colombia

Title

D

Name

Restrepo, Javier F.

Address

Union de Bananeros de Uraba

City-St-Zip

Medellín, Colombia