

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 17 PM 2: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 496931 (7)**

1. Corporation Name

**EBASINT INTERNATIONAL, INC.**

Principal Place of Business  
**4205 SALZEDO ST  
CORAL GABLES FL 33146**

Mailing Address  
**4205 SALZEDO ST  
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/20/1976** 3a. Date of Last Report **02/18/1994**

4. FEI Number **59-1735874** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>SCOPETTA, JOHN R</b>
STREET ADDRESS	<b>4850 S.W. 62ND AVE.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>VD</b>
NAME	<b>SCOPETTA, GEORGE M</b>
STREET ADDRESS	<b>710 WOODCREST RD</b>
CITY - ST - ZIP	<b>KEY BISCAYNE, FL 0</b>
TITLE	<b>STD</b>
NAME	<b>RODRIGUEZ, ULISES E</b>
STREET ADDRESS	<b>5971 W 13 AVE</b>
CITY - ST - ZIP	<b>HIALEAH, FL 0</b>
TITLE	<b>PD</b>
NAME	<b>SCOPETTA, JOHN N</b>
STREET ADDRESS	<b>290 HARBOR DRIVE</b>
CITY - ST - ZIP	<b>KEY BISCAYNE, FL 0</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>John R. Scopetta</b>
1.3 STREET ADDRESS	<b>4205 Salzedo St.</b>
1.4 CITY - ST - ZIP	<b>Coral Gables, FL 33146</b>
2.1 TITLE	<b>D/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>George M. Scopetta</b>
2.3 STREET ADDRESS	<b>4205 Salzedo St.</b>
2.4 CITY - ST - ZIP	<b>Coral Gables, FL 33146</b>
3.1 TITLE	<b>D/S/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Mercedes E. Scopetta</b>
3.3 STREET ADDRESS	<b>4205 Salzedo St.</b>
3.4 CITY - ST - ZIP	<b>Coral Gables, FL 33146</b>
4.1 TITLE	<b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>John N. Scopetta</b>
4.3 STREET ADDRESS	<b>4205 Salzedo St.</b>
4.4 CITY - ST - ZIP	<b>Coral Gables, FL 33146</b>
5.1 TITLE	<b>AS/AT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Marlene Martinez</b>
5.3 STREET ADDRESS	<b>4205 Salzedo St.</b>
5.4 CITY - ST - ZIP	<b>Coral Gables, FL 33146</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 such 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:

**George M. Scopetta**

**4/12/95**

**(305) 567-2630**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR