

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **01/20/1976**  
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business  
21. **1525 N.W. 167 Street**  
22. Suite, Apt. #, etc.: **145**  
23. City & State: **Miami, FL**  
24. Zip: **33169**  
25. Country: **USA**  
26. Mailing Address: **1525 N.W. 167 Street**  
27. Suite, Apt. #, etc.: **145**  
28. City & State: **Miami, FL**  
29. Zip: **33169**  
30. Country: **USA**

4. FEI Number: **59-1735874**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOPETTA, JOHN R	1.2 NAME	
STREET ADDRESS	4205 SALZEDO ST.	1.3 STREET ADDRESS	SEE NEW ADDRESS ABOVE
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOPETTA, GEORGE M	2.2 NAME	" " " "
STREET ADDRESS	4205 SALZEDO ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOPETTA, MERCEDES E.	3.2 NAME	" " " "
STREET ADDRESS	4205 SALZEDO ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOPETTA, JOHN N	4.2 NAME	" " " "
STREET ADDRESS	4205 SALZEDO ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	4.4 CITY-ST-ZIP	
TITLE	ASAT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MARLENE	5.2 NAME	" " " "
STREET ADDRESS	4205 SALZEDO ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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: \_\_\_\_\_ DATE: **4/19/96** (305) 620-7778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)