

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

2a. Mailing Address
26 1525 N.W. 167 Street

4. FEI Number
59-1735874

Applied For
Not Applicable

Suite, Apt. #, etc.
22 145

Suite, Apt. #, etc.
27 145

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

City & State
23 Miami, FL

City & State
28 Miami, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 33169 USA

Zip Country
29 33169 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SCOPETTA, JOHN R
4205 SALZEDO ST.
CORAL GABLES FL 33146 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SCOPETTA, GEORGE M
4205 SALZEDO ST.
CORAL GABLES FL 33146 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
SCOPETTA, MERCEDES E.
4205 SALZEDO ST.
CORAL GABLES FL 33146 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SCOPETTA, JOHN N
4205 SALZEDO ST.
CORAL GABLES FL 33146 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASAT
MARTINEZ, MARLENE
4205 SALZEDO ST.
CORAL GABLES FL 33146 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

SEE NEW ADDRESS ABOVE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

" " " " ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

" " " " ☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

" " " " ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

" " " " ☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

" " " " ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

(305) 620-7778

Date

Daytime Phone #

CR2E034 (12/95)