

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 # **S55552** (1)

1. Corporation Name

**GALBEN GROUP, INC.**



Principal Place of Business

Mailing Address

**2600 SW 3RD AVE  
STE 850  
MIAMI FL 33129**

**2600 SW 3RD AVE  
STE 850  
MIAMI FL 33129**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**OLAECHEA, IGNACIO E  
285 W HEATHER  
KEY BISCAYNE FL 33149**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**05/24/1991**

3a. Date of Last Report

**04/28/1995**

4. FEI Number

**65-0270532**

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

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 of person authorized to change agent and the address of the

the FEI. Registered Agent of corporation required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE  
NAME **GOMEZ, PABLO F**  
STREET ADDRESS **4701 UNIVERSITY DR**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **PD** ☐ DELETE  
NAME **OLAECHEA, IGNACIO E**  
STREET ADDRESS **285 W HEATHER**  
CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE **TD** ☐ DELETE  
NAME **CARRILLO, CARLOS L**  
STREET ADDRESS **2600 SW 3RD AVE STE 850**  
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ DELETE  
NAME **TORRES, OMAR L**  
STREET ADDRESS **121 BUTTONWOOD DR**  
CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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

**IGNACIO OLAECHEA** 4/28/96 (305) 856-7204

DATE

Daytime Phone #

CR2E034 (12/95)