
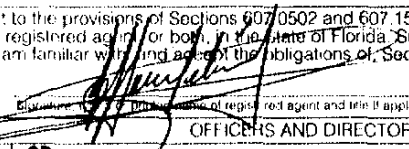



FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra D. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>S55552</b> (1) 1. Corporation Name <b>GALBEN GROUP, INC.</b>			
Principal Place of Business <b>2600 SW 3RD AVE STE 850 MIAMI FL 33129</b>		Mailing Address <b>2600 SW 3RD AVE STE 850 MIAMI FL 33129-2329</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent <b>OLACHEA, IGNACIO E 285 W HEATHER KEY BISCAYNE FL 33149</b>		10. Name and Address of New Registered Agent 81 Name <b>PINO, RAUL F</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2440 CORAL WAY</b> 83 84 City <b>MIAMI, FL</b> 85 Zip Code <b>33145</b>	
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 agree to the obligations of Section 607.0505, Florida Statutes. SIGNATURE  DATE <b>05/12/97</b>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP SD <b>GOMEZ, PABLO F</b> <del>1033 CORAL WAY</del> <b>1033 CORAL WAY</b> <del>CORAL GABLES, FL 33134</del> <b>CORAL GABLES, FL 33134</b> PD <b>OLACHEA, IGNACIO E</b> <b>285 W HEATHER</b> <b>KEY BISCAYNE FL</b> TD <b>CARRILLO, CARLOS L</b> <b>2600 SW 3RD AVE STE 850</b> <b>MIAMI FL</b> V <b>TORRES, OMAR L</b> <b>121 BUTTONWOOD DR</b> <b>KEY BISCAYNE FL</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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, or on an attachment with an address. SIGNATURE:  <b>Pablo F. Gomez</b> DATE <b>4/25/97</b> (305) 856-7704			

CR2E034 (9/96)