


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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J18236 (6)

1. Corporation Name
EUROBANK

Principal Place of Business 190 WEST CAMINO REAL BOCA RATON FL 33432-5942	Mailing Address 190 WEST CAMINO REAL BOCA RATON FL 33432-5942
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2680958	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				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	D	<input type="checkbox"/> DELETE		1.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARQUES, PAULO B			1.2 NAME	POST, BARRY		
STREET ADDRESS	PRACA JOSE FONTANA 12-4			1.3 STREET ADDRESS	1901 PONCE DE LEON BLVD.		
CITY-ST-ZIP	LISBOA, PORTUGAL			1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	THERIAGA, JOSEPH			2.2 NAME	STARK, DAVID P.		
STREET ADDRESS	1901 PONCE DE LEON BLVD			2.3 STREET ADDRESS	1901 PONCE DE LEON BLVD.		
CITY-ST-ZIP	CORAL GABLES FL			2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KOSKI, ARTHUR			3.2 NAME	A. HELENA LOBO		
STREET ADDRESS	4730 NW BOCA RATON BLVD			3.3 STREET ADDRESS	1901 PONCE DE LEON BLVD.		
CITY-ST-ZIP	BOCA RATON FL			3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FERRERA, ANDREW			4.2 NAME	KEN NORDT		
STREET ADDRESS	3301 NW 15TH STREET			4.3 STREET ADDRESS	1901 PONCE DE LEON BLVD.		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KUJAWA, DUANE A			5.2 NAME	KEITH BURROW		
STREET ADDRESS	15000 SW 80TH AVENUE			5.3 STREET ADDRESS	1901 PONCE DE LEON BLVD.		
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	CS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENSAUDE, MIGUEL			6.2 NAME	JULIA ANSARI		
STREET ADDRESS	1140 CONNECTICUT AVE NW			6.3 STREET ADDRESS	1901 PONCE DE LEON BLVD.		
CITY-ST-ZIP	WASHINGTON DC			6.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *David Stark* **DAVID STARK** 4/24/98 (305) 444-4141

CR2E034 (10/97)