FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 04 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name L35646 (3)EUROHOLDINGS, INC. Principal Place of Business Mailing Address 1901 PONCE DE LEON BLVD. 1901 PONCE DE LEON BLVD. CORAL GABLES FL 33134 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/10/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0164095 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution П Added to Fees 28 Zio Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANSARI, JULIA A 1901 PONCE DE LEON BLVD Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 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, typical or pointed name of registerical against and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELLTE Change **XX** Addition TITLE 11 TITLE THERIAGA, JOSEPH NAME 1.2 NAME STARK, DAVID P. 1901 PONCE DE LEON BLVD. STREET ADDRESS 1.3 STREET ADDRESS 1901 PONCE DE LEON BLVD. **CORAL GABLES FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP CORAL GABLES, FL 33134 ĊS DELETE TITLE Change Addition 2.1 THE ANSARIA, JULIA A NAME 2.2 NAME 1901 PONCE DE LEON BLVD STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE MARQUES, PUALO B NAME 3.2 NAME 1901 PONCE DE LEON BLVD. STREET ADDRESS 3.3 STREET ADDRESS **CORAL GABLES FL** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5 1 TILLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY - ST- 7IP 14. Thereby 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

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 HILE

6.2 NAME

DELETE

 \mathcal{D} COO

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Addition