

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90175 011 \*\*\*150.00

0153238

**DOCUMENT # P99000077583**

1. Entity Name  
**EUROINSTA AMERICA, INC.**

Principal Place of Business <b>5201 BLUE LAGOON DRIVE          8TH FLOOR STE 878          MIAMI FL 33126</b>	Mailing Address <b>201 S. BISCAYNE BLVD.          10TH FLOOR          MIAMI FL 33131</b>
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**C0047239**



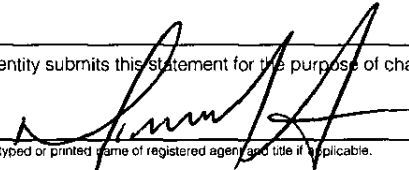
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0945617</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROMANCE, MARK A ESQ.  
 201 S. BISCAYNE BOULEVARD  
 MIAMI CENTER, 10TH FLOOR  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name **MANUEL A. GARCIA-LINARES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**MIAMI CENTER, 10TH FLOOR  
 201 S. BISCAYNE BLVD**  
 City **MIAMI** FL Zip Code **33131**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE  DATE **2/9/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PONCE, ENRIQUE O</b>	
STREET ADDRESS	<b>5201 BLUE LAGOON DRIVE, 8TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GARAY, RAMON G</b>	
STREET ADDRESS	<b>5201 BLUE LAGOON DRIVE, 8TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BENITO, ELENA N</b>	
STREET ADDRESS	<b>5201 BLUE LAGOON DRIVE, 8TH FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President &amp; Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Antonio Delgado Zornosa</b>	
STREET ADDRESS	<b>Camino Viejo, 13A</b>	
CITY-ST-ZIP	<b>Pozuelo de Alarcon, Madrid 28223 Espana</b>	
TITLE	<b>Treasurer and Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jesus Blanco Martin</b>	
STREET ADDRESS	<b>Via dos Castillas, 33 Edificio F</b>	
CITY-ST-ZIP	<b>Pozuelo de Alarcon, Madrid 28224 Espana</b>	
TITLE	<b>Secretary and Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Diego Muñoz</b>	
STREET ADDRESS	<b>Via dos Castillas, 33 Edificio F</b>	
CITY-ST-ZIP	<b>Pozuelo de Alarcon, Madrid 28224 Espana</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with articles, with all other like empowered.

SIGNATURE:  **ANTONIO DELGADO ZORNOZA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2564 (10/00)