*** FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 ***

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
EUROPEAN INVESTMENTS INC.

DOCUMENT # L33986

Mailing Address
444 Brickell Ave.
Suite 51-246
Miami FL 33131

Principal Place of Business
444 Brickell Ave.
Suite 51-246
Miami FL 33131

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 12/05/89
3a. Date of Last Report: 05/01/1994

2. Mailing Address — 21
2a. Principal Place of Business — 26
4. FEI Number: 65-0173129 — Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc — 27
5. Certificate of Status Desired: $8.75 ☒
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
City & State — 23
City & State — 28
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
IBC FIDUCIARY INC.
444 Brickell Ave. - Suite 51-246
Miami, Florida 33131

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE		11 TITLE	AS X Addition
12 NAME		12 NAME	MAXFIELD, P.
13 STREET ADDRESS		13 STREET ADDRESS	444 Brickell Ave. #51-246
14 CITY-ST-ZIP		14 CITY-ST-ZIP	Miami FL 33131
21 TITLE	DP	21 TITLE	
22 NAME	LOFDAL, R.	22 NAME	
23 STREET ADDRESS	KARLSGATAN 3	23 STREET ADDRESS	
24 CITY-ST-ZIP	HELSINGBORG, SWEDEN	24 CITY-ST-ZIP	
31 TITLE		31 TITLE	VP-AS X Addition
32 NAME		32 NAME	SMEJDA, L.
33 STREET ADDRESS		33 STREET ADDRESS	444 Brickell Ave. #51-246
34 CITY-ST-ZIP		34 CITY-ST-ZIP	Miami FL 33131
41 TITLE		41 TITLE	D-S X Addition
42 NAME		42 NAME	HENLEY, J.
43 STREET ADDRESS		43 STREET ADDRESS	444 Brickell Ave. #51-246
44 CITY-ST-ZIP		44 CITY-ST-ZIP	Miami FL 33131
51 TITLE	REMITTED BY MAY 1	51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	500001510065
54 CITY-ST-ZIP		54 CITY-ST-ZIP	-06/09/95--01081--003
61 TITLE		61 TITLE	****208.75 ****208.75
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	TJS, 6/7/95
64 CITY-ST-ZIP		64 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Henley J. Henley 4/28/95 305-358-9990
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #