

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L33986** (5)
1. Corporation Name
EUROPEAN INVESTMENTS INC.

Principal Place of Business

**444 BRICKELL AVE.
SUITE 51-246
MIAMI FL 33131**

Mailing Address

**444 BRICKELL AVE.
SUITE 51-246
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1989

4. FEI Number

65-0173129

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**IBC FIDUCIARY INC.
100 S.E. 2ND STREET
STE. 2315
MIAMI FL 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, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☒ DELETE

NAME **CARBAYO, E**
STREET ADDRESS **444 BRICKELL AVENUE #51-246**
CITY-ST-ZIP **MIAMI FL**

TITLE VP ☐ DELETE

NAME **LOFDAL, R.**
STREET ADDRESS **KARLSGATAN 3**
CITY-ST-ZIP **HELSINGBORG, SWEDEN**

TITLE S ☐ DELETE

NAME **SMEJDA, L.**
STREET ADDRESS **444 BRICKELL AVE #51-246**
CITY-ST-ZIP **MIAMI FL**

TITLE DP ☐ DELETE

NAME **HENLEY, J.**
STREET ADDRESS **444 BRICKELL AVE #51-246**
CITY-ST-ZIP **MIAMI FL**

TITLE DVP ☐ DELETE

NAME **HENNING, U.**
STREET ADDRESS **444 BRICKELL AVE, #51-246**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE AS ☐ Change ☒ Addition

12 NAME **DELLAVEDOVA, A.**
13 STREET ADDRESS **444 Brickell Ave. #51-246**
14 CITY-ST-ZIP **Miami, FL 33131**

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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:

J. Henley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Henley

4/29/98

(305)358-4441

Date

Daytime Phone #

0181916

CR2E034 (10/97)