

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 25 1997 8:00am  
Secretary of State

DOCUMENT # F96000003775 (1)

1. Corporation Name  
EUROPARTNERS DATABASES, INC.



Principal Place of Business  
3636 PALMETTO AVE  
COCONUT GROVE FL 33133

Mailing Address  
3638 PALMETTO AVE  
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/25/1996

3a. Date of Last Report

4. FEI Number

APPLIED FOR 65-0673062

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TECHOUYRES, ALEX  
3638 PALMETTO AVE  
MIAMI FL 33133

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 PC  
NAME LACASSAGNE, CLAUDE  
STREET ADDRESS 84 RUE DES PINS FRANCS, 33200 BORDEAUX  
CITY-ST-ZIP FRANCE

☐ DELETE

TITLE VT  
NAME TECHOUYRES, ALEX  
STREET ADDRESS 3669 POINCIANA AVE APT 3A  
CITY-ST-ZIP MIAMI FL 33133

☐ DELETE

TITLE VC  
NAME TECHOUYRES, JULIKA  
STREET ADDRESS 3638 PALMETTO AVE.  
CITY-ST-ZIP COCONUT GROVE FL 33133

☐ DELETE

TITLE S  
NAME TECHOUYRES, TOM  
STREET ADDRESS 3638 PALMETTO AVE.  
CITY-ST-ZIP MIAMI FL 33133

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VC  
1.2 NAME LACASSAGNE, CLAUDE  
1.3 STREET ADDRESS 84, RUE DES PINS FRANCS, 33200 BORDEAUX  
1.4 CITY-ST-ZIP FRANCE

☒ Change ☐ Addition

2.1 TITLE PC  
2.2 NAME TECHOUYRES, ALEX  
2.3 STREET ADDRESS 3638 PALMETTO AVENUE  
2.4 CITY-ST-ZIP MIAMI, FL 33133

☒ Change ☐ Addition

3.1 TITLE VT  
3.2 NAME TECHOUYRES, JULIKA  
3.3 STREET ADDRESS 3638 PALMETTO AVENUE  
3.4 CITY-ST-ZIP MIAMI, FL 33133

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

CR2E034 (4/97)