

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

FILED  
Jun 21, 1999 8:00 am  
Secretary of State

06-21-1999 90010 015 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000003775

1. Corporation Name

EUROPARTNERS DATABASES, INC.

NEW NAME: EUROBASE, INC.

Principal Place of Business  
3638 PALMETTO AVE  
COCONUT GROVE FL 33133

Mailing Address  
3638 PALMETTO AVE  
COCONUT GROVE FL 33133



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1996

4. FEI Number

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 the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 100 N. BISCAYNE BLVD  
Suite, Apt. #, etc.

26 100 N. BISCAYNE BLVD  
Suite, Apt. #, etc.

22 1205

27 1205

23 Miami FLORIDA

28 Miami, FLORIDA

24 33132 25 US

29 33132 30 US

9. Name and Address of Current Registered Agent

TECHOUYRES, ALEX  
3638 PALMETTO AVE  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

ALEX TECHOUYRES

82 Street Address (P.O. Box Number is Not Acceptable)

83 5 ISLAND AVENUE - APT # 14H

84 City Miami BEACH

85 Zip Code FL 33139

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

ALEX TECHOUYRES - PRESIDENT

DATE 6-17-99

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

TITLE PC ☐ DELETE  
NAME TECHOUYRES, ALEX  
STREET ADDRESS 3638 PALMETTO AVE  
CITY-ST-ZIP MIAMI FL

TITLE VT ☒ DELETE  
NAME TECHOUYRES, JULIA  
STREET ADDRESS 3638 PALMETTO AVE.  
CITY-ST-ZIP COCONUT GROVE FL

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VT ☐ Change ☒ Addition  
1.2 NAME MICHEL TECHOUYRES  
1.3 STREET ADDRESS 1800 SUNSET HARBOR DRIVE - # 2310  
1.4 CITY-ST-ZIP Miami BEACH, FL 33139

2.1 TITLE PC ☒ Change ☐ Addition  
2.2 NAME ALEX TECHOUYRES  
2.3 STREET ADDRESS 5 ISLAND AVENUE - # 14H  
2.4 CITY-ST-ZIP MIAMI BEACH FLORIDA 33139

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE S ☒ Change ☐ Addition  
4.2 NAME TOM TECHOUYRES  
4.3 STREET ADDRESS 1800 SUNSET HARBOR DR. # 2208  
4.4 CITY-ST-ZIP Miami BEACH, FL 33139

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED ALEX TECHOUYRES

6-17-99

305-373-0668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

091611