FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G42757** **(6)**

1. Corporation Name

EURO-HOTELS (USA), INC.

Principal Place of Business	Mailing Address
175 NW FIRST AVE. 11TH FLOOR MIAMI FL 33128	175 NW FIRST AVE. 11TH FLOOR MIAMI FL 33128

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/08/1983

3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21: 100 S.E. 2nd St.,17th fl.
22: Suite, Apt. #, etc.
23: City & State: Miami, FL
24: Zip: 33131
25: Country: USA

2a. Mailing Address
26: 100 S.E. 2nd St.,17th fl.
27: Suite, Apt. #, etc.
28: City & State: Miami, FL
29: Zip: 33131
30: Country: USA

4. FEI Number: 65-0058204 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WARNER, JONATHAN H ESQ
175 NW FIRST AVE.
11TH FLOOR
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd Street, 17th fl.

83

84 City: Miami FL 85 Zip Code: 33131

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	NILSSON, LARS	12 NAME		
STREET ADDRESS	44 COCOANUT ROW	13 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	14 CITY-ST-ZIP		
TITLE	PST	21 TITLE		☐ Change ☐ Addition
NAME	NILSSON, LARS	22 NAME		
STREET ADDRESS	44 COCOANUT ROW	23 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	RANSTAM, LARS	32 NAME		
STREET ADDRESS	44 COCOANUT ROW	33 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
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)(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.

+46 42 126020

SIGNATURE: LARS NILSSON April 6, 1995 Jax +46 42 113862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0208648 CP