

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J18236 (6)**  
1. Corporation Name  
**EUROBANK**



Principa Place of Business Mailing Address  
**190 WEST CAMINO REAL BOCA RATON FL 33432-5942**

3. Date Incorporated or Qualified **06/05/1986** 3a. Date of Last Report **03/03/1995**  
4. FEI Number **59-2680958** 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 s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
81 Name **JOSEPH A. LEWIS**  
82 Street Address (P.O. Box Number is Not Acceptable) **1901 PONCE DE LEON BLVD.**  
83  
84 City **CORAL GABLES** FL 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Joseph A. Lewis* **JOSEPH A. LEWIS CFO** DATE **4-24-96**

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME **CD MARQUES, ANTONIO**  
STREET ADDRESS **PRACA JOSE FONTANA 12-4 LISBOA, PORTUGAL**  
CITY-ST-ZIP  
TITLE  DELETE  
NAME **PD THERIAGA, JOSEPH**  
STREET ADDRESS **1901 PONCE DE LEON BLVD CORAL GABLES FL**  
CITY-ST-ZIP  
TITLE  DELETE  
NAME **VD SANTOS, FERNANDO**  
STREET ADDRESS **6945 VERONESE STREET CORAL GABLES FL**  
CITY-ST-ZIP  
TITLE  DELETE  
NAME **D FERRERA, ANDREW**  
STREET ADDRESS **3301 NW 15TH STREET MIAMI FL**  
CITY-ST-ZIP  
TITLE  DELETE  
NAME **D KUJAWA, DUANE A**  
STREET ADDRESS **15000 SW 80TH AVENUE MIAMI FL**  
CITY-ST-ZIP  
TITLE  DELETE  
NAME **D BENSUADE, MIGUEL**  
STREET ADDRESS **1140 CONNECTICUT AVE NW WASHINGTON DC**  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME **D ARTHUR KOSKI**  
1.3 STREET ADDRESS **4730 NW BOCA RATON BLVD. BOCA RATON, FL 33431**  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
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 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 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: *Joseph A. Lewis* **JOSEPH A. LEWIS CFO** DATE **4/24/96** (308) 444-4141

CR2E034 (12/95)