

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J18236 (6)
 1. Corporation Name
EUROBANK



Principal Place of Business 190 WEST CAMINO REAL BOCA RATON FL 33432-5942	Mailing Address 190 WEST CAMINO REAL BOCA RATON FL 33432-5942
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3. Date Incorporated or Qualified 06/05/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2680958	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent LEWIS, JOSEPH A 1901 PONCE DE LEON BLVD. CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name JULIA A. ANSARI 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
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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]* **Vice President - Corporate Secretary** 4-16-97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD <input checked="" type="checkbox"/> DELETE	NAME MARQUES, ANTONIO	1.1 TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PRACA JOSE FONTANA 12-4	CITY-ST-ZIP LISBOA, PORTUGAL	1.2 NAME MARQUES, PAULO B	
		1.3 STREET ADDRESS PRACA JOSE FONTANA 12-4	
		1.4 CITY-ST-ZIP LISBOA, PORTUGAL	
TITLE PD <input type="checkbox"/> DELETE	NAME THERIAGA, JOSEPH	2.1 TITLE CORP. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1901 PONCE DE LEON BLVD	CITY-ST-ZIP CORAL GABLES FL	2.2 NAME ANSARI, JULIA A.	
		2.3 STREET ADDRESS 1901 PONCE DE LEON BLVD.	
		2.4 CITY-ST-ZIP CORAL GABLES, FL. 33134	
TITLE D <input type="checkbox"/> DELETE	NAME KOSKI, ARTHUR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4730 NW BOCA RATON BLVD	CITY-ST-ZIP BOCA RATON FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME FERRERA, ANDREW	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3301 NW 15TH STREET	CITY-ST-ZIP MIAMI FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME KUJAWA, DUANE A	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15000 SW 80TH AVENUE	CITY-ST-ZIP MIAMI FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME BENSAUDE, MIGUEL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1140 CONNECTICUT AVE NW	CITY-ST-ZIP WASHINGTON DC	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* **Vice President - Corporate Secretary**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)