

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

FILED
May 08 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # J18236

1. Corporation Name
EUROBANK

Principal Place of Business
191 CAMINO REAL
BOCA RATON FL 33432

Mailing Address
191 CAMINO REAL
BOCA RATON FL 33432



05/08/99 90059 019 150.00
DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
08/05/1988

4. FEI Number
50-2680958

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

21 568 Yamato Rd
Suite, Apt. #, etc.

22

23 Boca Raton FL
City State

24 33431
Zip Country

25 USA

26 568 Yamato Rd
Suite, Apt. #, etc.

27

28 Boca Raton FL
City State

29 33431
Zip Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 FL

86 Zip Code

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. 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	D	1.1 TITLE	S
NAME	MARQUES, PAULO B	1.2 NAME	RICHARD KAHL
STREET ADDRESS	PRACA JOSE FONTANA 12-4	1.3 STREET ADDRESS	1901 PONCE DE LEON BLVD.
CITY-ST-ZIP	LISBOA, PORTUGAL	1.4 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	PD	2.1 TITLE	
NAME	THERIAGA, JOSEPH	2.2 NAME	
STREET ADDRESS	1901 PONCE DE LEON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D
NAME	KOSKI, ARTHUR	3.2 NAME	JORGE SANCHEZ - GALARRAGA
STREET ADDRESS	4730 NW BOCA RATON BLVD	3.3 STREET ADDRESS	1310 PONCE DE LEON BLVD. #301
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D	4.1 TITLE	
NAME	FERRERA, ANDREW	4.2 NAME	
STREET ADDRESS	3301 NW 15TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	KUJAWA, DUANE A	5.2 NAME	
STREET ADDRESS	15000 SW 80TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BENSAUDE, MIGUEL	6.2 NAME	
STREET ADDRESS	1140 CONNECTICUT AVE NW	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	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, as an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] RE FERRERA/CO
Date: 4/30/99
Daytime Phone #: (305) 444-4141

CFR2E034 (1/199)

6/14