

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K27071 (5)

1. Corporation Name

EUROPEAN INVESTOR CORPORATION

Principal Place of Business

4131 VENTURA AVE.
MIAMI FL 33133
US

Mailing Address

10800 BOSCAINE BLVD.
STE. 420
N. MIAMI FL 33161



3. Date Incorporated or Qualified

06/24/1988

3a. Date of Last Report

06/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREITAS, RUI A.
4131 VENTURA AVE.
MIAMI FL 33133

81 Name

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

83

84 City

FL

85

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb-27-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DPS
FREITAS, RUI A.
STREET ADDRESS
4131 VENTURA AVE.
CITY-STATE-ZIP
MIAMI FL 33133

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VP
DE FREITAS, MARIA HELENA
STREET ADDRESS
4131 VENTURA AVE.
CITY-STATE-ZIP
MIAMI FL 33133

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
DE KALBERMATTEN, MARIA A
STREET ADDRESS
GENEVE
CITY-STATE-ZIP
GENEVE SW

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
FREITAS, GONCALO A.DE
STREET ADDRESS
1770 E. LAS OLAS BLVD. #506
CITY-STATE-ZIP
FT. LAUDERDALE FL 33301

1.4 CITY-STATE-ZIP ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
FREITAS, FILIP A.DE
STREET ADDRESS
4131 VENTURA AVE.
CITY-STATE-ZIP
MIAMI FL 33133

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
FREITAS, GONCALO A.DE
STREET ADDRESS
1770 E. LAS OLAS BLVD. #506
CITY-STATE-ZIP
FT. LAUDERDALE FL 33301

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
FREITAS, GONCALO A.DE
STREET ADDRESS
1770 E. LAS OLAS BLVD. #506
CITY-STATE-ZIP
FT. LAUDERDALE FL 33301

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
FREITAS, GONCALO A.DE
STREET ADDRESS
1770 E. LAS OLAS BLVD. #506
CITY-STATE-ZIP
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2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
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FREITAS, GONCALO A.DE
STREET ADDRESS
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FT. LAUDERDALE FL 33301

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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FREITAS, GONCALO A.DE
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3.2 NAME ☐ Change ☐ Addition

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3.3 STREET ADDRESS ☐ Change ☐ Addition

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3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

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FREITAS, GONCALO A.DE
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4.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
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4.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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4.3 STREET ADDRESS ☐ Change ☐ Addition

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4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

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FREITAS, GONCALO A.DE
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5.1 TITLE ☐ Change ☐ Addition

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5.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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5.3 STREET ADDRESS ☐ Change ☐ Addition

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5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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6.1 TITLE ☐ Change ☐ Addition

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CITY-STATE-ZIP
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6.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb-27-96

Date

(305) 8998300

Daytime Phone #

CR2E034 (12/95)