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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**



98 MAR - 4 AM 11:53

DOCUMENT # K 2 70 71 1. Corporation Name European Investor CORPOINT; ON				SECRETARY OF STATE TALLAHASSEE, FLORIDA
، ح	There Indian	C, 0) C - C - C		
Principal Place of Business Mailing Address 43 / VANTINA AVE 10800 Bits m:am: 6/ 33/33 STR 4/20			rengue Blad	
17,00	7- / / 33/33	minmi k	1 33/6/	3. Date Incorporated or Qualified 3s. Date of Last Report
	Place of Business See 96 7017	2a. Mailing Address	96 Ter-	4. FEI Number 65 - 0098856 Applied For Not Applicable
21 /// Suite, Ap		Suite, Apt. #, etc.		SR 75 Additional
	.02	27 202		5. Certificate of Status Desired Fee Required
City & Str	81e 77.0~ K/	City & State	F1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24 333		29 33324	30 USA	Florida Statutes Yes No
ļ 	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered Agent
Rui A. GITAS				
4/3 / Vantura Arc 82 Street Address (P.O. Box Number is Not Acceptable)				
אוריא	ניינב קיק ,,או		1 1 -	Planta TiON FL 85 Zip Code 733 129
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
-		ona or, section dor.osos, re	Orios Otatutas.	
SIGNATURE	Signature Typed or printed harne of registered agent	and tille if applicable (NOT	E Registered Agent signatu	re required when reinstaing) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Rui FraiTAS	☐ DELETE	1.1 TITLE	Change Addition
NAME	LAND MANTONA POE		1.2 NAME	14/54 98 TELT #202
STREET ADDRESS	m 200 (3)/33		1.3 STREET ADDRESS	MONTATION LI 38724
CITY+ST-ZIP TITLE	Minn: Kr 33/33	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change ☐ Addition
	MARIA H. FRETAS	- Dittit		$-\cdots$
NAME STREET ADDRESS	1 5 10 AAR		2.2 NAME 2.3 STREET ADDRESS	171 SW 96 FAIR #202
CITY-ST-ZIP	MINI MATUR ALL		2.4 CITY-ST-ZIP	MONTO TION FI 33377
TITLE P	0	☐ DELETE	3.1 TITLE	Change Addition
NAME	DE KAIBSCHATTEN,	MARIA	3.2 NAME	6000024497160
STREE ADDRESS	RILOVE		3.3 STREET ADDRESS	-03/06/9801110016
CITY-S1-ZIP	GENEVE SW		3.4. CITY-ST-ZIP	****165.00 ****165.00
TITLE	0	DELETE	4.1 TITLE	Change Addition
NAME	GUNEALO FEDITAS		4. 2 NAME	LULEN GE TREE FROM
STREET ADDRESS	721 543 57	Sec. 1	4.3 STREET ADDRESS	141 2m 36 tole \$502
CITY-ST-ZIP	RT invd 61 3	730/	44 CITY-ST-ZIP	
TITLE	0	☐ DELETE	5 1 TITLE	Change Addition
NAME	Filip FIDITOS		5.2 NAME	0.010.4
STREET ADDRESS	MIST NOW THE WAY	? >	5.3 STREET ADDRESS	0. alan Change Addition
CITY+ST+ZIP TITLE	77.WM. K/ 337.	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	2) / // Change
NAME			6.2 NAME	3/4/1/18
STREET ADDRESS	}		6.3 STREET ADDRESS	· · · · · · · · · · ·
CITY-ST-7#P			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: RU; FIRE TOS