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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L64340** **(7)**

1. Corporation Name

EUROPROPERTIES, INC.

Principal Place of Business	Mailing Address
1901 PONCE DE LEON BLVD CORAL GABLES FL 33134	1901 PONCE DE LEON BLVD CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **04/05/1990**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **65-0228442** ☐ 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

9. Name and Address of Current Registered Agent

SANTOS, FERNANDO R
1901 PONCE DE LEON BLVD.
2 SOUTH BISCAYNE BLVD.
CORAL GABLES FL 33134

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 607.1508, 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: JOSEPH A. LEWIS, SEC/TREAS. DATE: 4-24-96

Signature of, and printed name of registered agent (required when applicable) — NOTE: Registered Agent's signature is required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARQUES, ANTONIO		1.2 NAME		
STREET ADDRESS	1901 PONCE DE LEON BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
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	ST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SANTOS, FERNANDO		3.2 NAME		
STREET ADDRESS	1901 PONCE DE LEON BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	SECRETARY/TREASURER	☐ Change ☑ Addition
NAME			4.2 NAME	JOSEPH A. LEWIS	
STREET ADDRESS			4.3 STREET ADDRESS	1901 PONCE DE LEON BLVD.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 — 4-24-96 — (305) 444-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #