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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

DOCUMENT # L64340

(7)

1. Corporation Name

EUROPROPERTIES, INC.



Principal Place of Business

1801 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address

1801 PONCE DE LEON BLVD
CORAL GABLES FL 33134-4412

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/05/1990

3a. Date of Last Report

05/01/1996

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

LEWIS, JOSEPH A
1801 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

ANSARI, JULIA A.

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

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

Vice President-Corporate Secretary

4-16-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MARQUES, ANTONIO
STREET ADDRESS 1901 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

☒ DELETE

TITLE DP
NAME THERIAGA, JOSEPH
STREET ADDRESS 1901 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE ST
NAME LEWIS, JOSEPH A
STREET ADDRESS 1901 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR
1.2 NAME MARQUES, PAULO B
1.3 STREET ADDRESS PRACA JOSE FONTANA 12-4
1.4 CITY-ST-ZIP LISBOA, PORTUGAL

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE CORP. SECRETARY
3.2 NAME ANSARI, JULIA A.
3.3 STREET ADDRESS 1901 PONCE DE LEON BLVD.
3.4 CITY-ST-ZIP CORAL GABLES, FL 33134

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

CR2E034 (9/96)