FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:14

DOCUMENT # M13430 (7)

1. Corporation Name
EUROSUISSEE REALTY,INC.

Principal Place of Business	Mailing Address
1000 PONCE DE LEON BLVD SUITE 213 CORAL GABLES FL 33134	1000 PONCE DE LEON BLVD SUITE 213 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 7780 SW 117 AV.
22 Suite, Apt. #, etc.: 101
23 City & State: MIAMI FL
24 Zip: 33183
25 Country: USA

2a. Mailing Address
26: 7780 SW 117 AV
27 Suite, Apt. #, etc.: 101
28 City & State: MIAMI FL
29 Zip: 33183
30 Country: USA

4. FEI Number: 59-2517126 ☐ 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

BOIKO, BRUCE M.
1000 PONCE DE LEON BLVD
SUITE 212
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7780 S.W. 117 AVE
83: SUITE 100
84 City: MIAMI FL 85 Zip Code: 33183

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☒ Change ☐ Addition
NAME	VENEREO,ADA R.	1.2 NAME	
STREET ADDRESS	1000 PONCE DE LEON BLVD	1.3 STREET ADDRESS	7780 SW 117 AV. #101
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	MIAMI FL 33183
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	VENEREO,ADA R.	2.2 NAME	
STREET ADDRESS	1000 PONCE DE LEON BLVD	2.3 STREET ADDRESS	7780 SW 117 Av. #101
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	MIAMI FL 33183
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	BOIKO,BRUCE M.	3.2 NAME	
STREET ADDRESS	1000 PONCE DE LEON BLVD	3.3 STREET ADDRESS	7780 SW 117 AV #100
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	MIAMI FL 33183
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 enclosed.

SIGNATURE: Bruce M. Boiko 2-2-95 305 274-5457
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
BRUCE M. BOIKO

0137641 CP