

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04956 (1)
 1. Corporation Name
EUZKAL TXOKO, INC.

Principal Place of Business 4009 N. HOWARD AVENUE TAMPA FL 33607	Mailing Address 4009 N. HOWARD AVENUE TAMPA FL 33607
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3. Date Incorporated or Qualified
09/04/1984

4. FEI Number 59-2463031	Applied For ☐ Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIARENA, IGANACIO
8507 WAGLAND COURT
TAMPA FL 33614

81 Name Aitor Irusta
82 Street Address (P.O. Box Number is Not Acceptable) 4509 S. Oak Dr. # 0-71
83
84 City Tampa
85 State FL
86 Zip Code 33611

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Aitor Irusta** **AITOR IRUSTA** **4/20/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHURRUEA, JUAN 205 N MACDILL AVENUE TAMPA FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLABARRIA, JAVIER 4216 S MANHATTAN AVE, APT. 08 TAMPA FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIARENA, IGANACIO 4218 WOODLARK DRIVE TAMPA FL ☒ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARRIAGA, JON 505 S DALE MEBRY, APT. 1721 TAMPA FL ☒ 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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Aitor Irusta 4509 S. Oak Dr. #0-71 Tampa FL 33611 ☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP SUAREZ JOSE A 6201 S WILSHORE BLVD. # 1709 Tampa FL 33616 ☒ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Echaniz, Carlos 4110 W. Olive St Tampa, FL 33616 ☒ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD GARCIA, IGANACIO 5055 S. DALE MEBRY HWY # 735 TAMPA FL - 33611 ☒ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Aitor Irusta** **AITOR IRUSTA** **4/20/98**

CR2E037 (10/97)