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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

543460 - 90003 - 28

DOCUMENT # N04956

1. Corporation Name
EUZKAL TXOKO, INC.

Principal Place of Business	Mailing Address
4009 N. HOWARD AVENUE TAMPA FL 33607	4009 N. HOWARD AVENUE TAMPA FL 33607

2. Principal Place of Business 21 5025 EAST Fowler AVE	2a. Mailing Address 26 3119 Abdella ST.
Suite, Apt. #, etc. 22 11	Suite, Apt. #, etc. 27 TAMPA
City & State 23 TAMPA	City & State 28 TAMPA, FLORIDA
Zip / Country 24 FLORIDA 25 USA	Zip / Country 29 33617 30 USA

3. Date Incorporated or Qualified: 09/04/1984

4. FEI Number: 59-2463031. ☐ 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

9. Name and Address of Current Registered Agent

IRUSTA, AITOR
4509 S. OAK DR
SUITE 0-21
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name: R. MICHAEL LARRINAGA
82 Street Address (P.O. Box Number Is Not Acceptable): 5025 EAST Fowler AVENUE SUITE 14
83 TAMPA
84 City: FL 85 Zip Code: 33617

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: R. Michael Larrinaga — R. MICHAEL LARRINAGA — 3/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	President	☑ Change ☑ Addition
NAME	IRUSTA, AITOR		1.2 NAME	Jose Churruca	
STREET ADDRESS	4509 S. OAK DR, SUITE 0-21		1.3 STREET ADDRESS	3119 Abdella St	Director
CITY-ST-ZIP	TAMPA FL 33611		1.4 CITY-ST-ZIP	Tampa FL 33607	
TITLE	VP	☑ DELETE	2.1 TITLE	V.P. Juan Churruca	☑ Change ☐ Addition
NAME	SUAREZ, JOSE A.		2.2 NAME		
STREET ADDRESS	6301 S. WESTSHORE BLVD, SUITE 1709		2.3 STREET ADDRESS	511 N. Beverly Ave.	Director
CITY-ST-ZIP	TAMPA FL 33616		2.4 CITY-ST-ZIP	Tampa, FL. 33609-1409	
TITLE	SD	☑ DELETE	3.1 TITLE	SECRETARY	☑ Change ☑ Addition
NAME	ECHARIZ, CARLOS		3.2 NAME	JESUS M. ZULAIKA	
STREET ADDRESS	4110 W OLIVE ST		3.3 STREET ADDRESS	6712 MACINA POINTE VILLAGE Cir #208	Director
CITY-ST-ZIP	TAMPA FL 33616		3.4 CITY-ST-ZIP	TAMPA - FL - 33635	
TITLE	TD	☑ DELETE	4.1 TITLE	TREASURER	☑ Change ☑ Addition
NAME	GARCIA, IGNACIO		4.2 NAME	JUAN L. AGUIRREZABAL	
STREET ADDRESS	5055 S. DALE MABRY HWY, SUITE 735		4.3 STREET ADDRESS	8820 BRENNAN CIR. #105	Director
CITY-ST-ZIP	TAMPA FL 33644		4.4 CITY-ST-ZIP	TAMPA - FLA 33615	
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		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Jose Churruca — 4-13-99 — (813)2542005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #