

**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

**APPROVED  
AND  
FILED**

**95 APR 18 PM 7:44**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P36475 (2)**

1. Corporation Name

**EUROPEAN INVESTORS GROUP CORP.**

Principal Place of Business

**700 BALTMORE WAY  
CORAL GABLES FL 33134**

Mailing Address

**700 BALTMORE WAY  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**11/27/1991**

3a. Date of Last Report

**05/01/1994**

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

**65-0300328**

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

**ALVAREZ, GASTON R., ESQ.  
1313 PONCE DE LEON BLVD., SUITE 300  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PD  
TESTI, JUAN BAUTISTA C.  
700 BALTMORE WAY  
CORAL GABLES FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VD  
VELASCO, PEDRO LUIS  
700 BALTMORE WAY  
CORAL GABLES FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**SD  
ROBERTS, TOMAS JUAN  
700 BALTMORE WAY  
CORAL GABLES FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**T  
AYESTARAN, JOSE MARIA B.  
700 BALTMORE WAY  
CORAL GABLES FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
AUGENAU, JOSE MARIA  
700 BALTMORE WAY  
CORAL GABLES FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**ATD  
GANDARIAS, ENRIQUE G.  
700 BALTMORE WAY  
CORAL GABLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 checked, or in the attachment with an address.

**SIGNATURE:**

SIGNATURE \_\_\_\_\_ PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_

DATE

Daytime Phone #