

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

96 JAN 11 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT

1995 1996



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

DOCUMENT # P36475

1. Corporation Name

EUROPEAN INVESTORS GROUP CORP.

Principal Place of Business

Mailing Address

700 BILTMORE WAY
CORAL GABLES, FL 33134

700 BILTMORE WAY
CORAL GABLES, FL
33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

11/27/91

3a. Date of Last Report

04/18/95

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

10. Name and Address of New Registered Agent

GASTON R. ALVAREZ, P.A.
1313 PONCE DE LEON BLVD.
SUITE 201
CORAL GABLES, FL 33134

81 Name

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

01/30/96 01094-003

83

****225.00 ****225.00

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

P/D

☒ Change ☐ Addition

2. NAME

JESUS BARDERAS MARTIN

3. STREET ADDRESS

700 BILTMORE WAY

4. CITY-ST-ZIP

CORAL GABLES, FL 33134

2. TITLE

D/S/T

☒ Change ☐ Addition

2. NAME

FERNANDO JOVER IBARRA

3. STREET ADDRESS

700 BILTMORE WAY

4. CITY-ST-ZIP

CORAL GABLES, FL 33134

3. TITLE

D/V

☐ Change ☐ Addition

3. NAME

PEDRO LUIS VELASCO

3. STREET ADDRESS

700 BILTMORE WAY

4. CITY-ST-ZIP

CORAL GABLES, FL 33134

4. TITLE

A/T/D

☐ Change ☐ Addition

4. NAME

ENRIQUE GUZMAN GANDARIAS

4. STREET ADDRESS

700 BILTMORE WAY

4. CITY-ST-ZIP

CORAL GABLES, FL 33134

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-ST-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. 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 119.07(3)(c), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESUS BARDERAS MARTIN-PRES

Date

Daytime Phone #

1/5/96 305-445-7821