FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000021059 (9)

EUROPEAN AMERICAN REALTY COMPANY Principal Place of Business Mailing Address 5301 N. FED HWY 57E. #290 BOCA RATON FL 33487 BOCA RATON FL 33487-4917				
		3. Date Incorporated or Qualified 03/22/1993	3a. Date of Last Re 06/11/1996	Date of Last Report 5/11/1996
2. Principal Place of Business 2a. Mailing Address	195 FRANCES DE	4. FEI Number		oplied For
21 4195 FRANCES DRWE 26 SAME 4 Suite Apt. #. etc. Suite Apt. #. etc.	115 VEHILLES DE	65-0396743		ot Applicable
22 27		5. Certificate of Status Desired	S8.75 A	
City & State 23 DELEM FLORIDA 28 DELEM	Ploeida	Election Campaign Financing Trust Fund Contribution	\$5.00 ☐ Added t	
210 210 Country 25 USA 28 33445	Country A	This corporation has liability for in Florida Statutes	ntangible tax under s.] Yes No	. 199.032,
9, Name and Address of Current Registered Agent		10. Name and Address of New Reg	istered Agent	
SWANSON, KAREN 5301 N ECHEPAL HWY #200		CURRAN, GORAL		
Street Address		ess (P.1). Hoy Number is Not Acceptable).		
BOCA RATON FL 33437	83	FRANCES DRI	U E_	
	84 City 5 10	A	FL 85 3	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida State office or registered agent, or both, in the State of Florida Such change was agent. I am in the state of Florida Such change was agent. I am in the state of Florida Such change was agent. I am in the state of Florida Such change was agent. I am in the state of Florida Such change was agent. I am in the state of Florida Such change was agent. I am in the state of Florida State of Such change was agent. I am in the state of Florida St	utes, the above-named corporations authorized by the corporation	pration submits this statement for the property of directors. I hereby accept	urpose of changing it If the appointment as	s registered registered
SIGNATURE WOOD SUBAR		ع	112174	
	OTE: Registered Agent signature require:		DATE DIDECTOR	20 101 40
12. OFFICERS AND DIRECTORS TITLE P DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change	Addition 2
NAME SWANSON, KAREN	1.2 NAME		L onungo	
STREET ADDRESS 5301 N. FEDERAL HWY #290	1.3 STREET ADDRESS			}}
CITY-ST-ZIP BOCA RATON FL 33487	1.4 CITY - ST - ZIP			15
THE DELETE	2.1 1IILE		☐ Change	Addition C
NAME STREET ADDRESS CITY-ST-ZIP DELCAY BEACH EN 53445	2.2 NAME			1
STREET ADDRESS	2.3 STREET ADDRESS			İ
	2 4 CITY-ST-ZIP			
TITLE	3.1 TITLE		L Change	Addition
NAME	3.2 NAME			1
STREET ADDRESS	3.3 STREET ADDRESS			J
CITY-ST-ZIP TITLE DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition
NAME	4. 2 NAME		C Ollarige	L_ Rudillon
STREET ADDRESS	4.3 STREET ADDRESS			
CITY-ST-ZIP	4.4 CITY-ST-ZIP			<u>{</u>
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			1
TITLE DELETE	6.1 TITLE		☐ Change	Addition
NAME	62 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 filling does not gue	ality for the exemption stated	in Section 119 07(3)(i) Florida Statutes	I further certify that	the

14. To orieraby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0/(3)(j), 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 eath; 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:

love le proson mous

8/2/97

56/6370888

FILED

Aug 20 1997 8:00am

Secretary of State