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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000028383 (6)

1. Corporation Name
EUROMONEY-ALLIED GENERAL PARTNER, INC.



Principal Place of Business
2121 PONCE DE LEON BLVD.
1010
CORAL GABLES FL 33134
US

Mailing Address
2121 PONCE DE LEON BLVD
1010
CORAL GABLES FL 33134-5218
US

3. Date Incorporated or Qualified 04/19/1993
3a. Date of Last Report 02/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0408484

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24

25

29

30

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CONWAY, PETER
STREET ADDRESS 2121 PONCE DE LEON SUITE 1020
CITY-ST-ZIP CORAL GABLES FL

1.1 TITLE D
1.2 NAME Hesse, Martha
1.3 STREET ADDRESS 2121 Ponce de Leon S. 1020
1.4 CITY-ST-ZIP Coral Gables FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE C
2.2 NAME Enbar, Richard
2.3 STREET ADDRESS 2121 Ponce de Leon Suite 1020
2.4 CITY-ST-ZIP Coral Gables FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D/P
3.2 NAME Burns, Richard
3.3 STREET ADDRESS 2121 Ponce de Leon Suite 1020
3.4 CITY-ST-ZIP Coral Gables FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D
4.2 NAME Levin, David
4.3 STREET ADDRESS 2121 Ponce de Leon Suite 1020
4.4 CITY-ST-ZIP Coral Gables FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 of Scott B. Wach 2/26/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)