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Jun 10 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 # P93000037348 (8)

1. Corporation Name
EUROINVEST, INC.



Principal Place of Business
101 MADEIRA AVENUE
CORAL GABLES FL 33134

Mailing Address
101 MADEIRA AVENUE
CORAL GABLES FL 33134-4515

3. Date Incorporated or Qualified 05/24/1993
3a. Date of Last Report 05/20/1996

2. Principal Place of Business
21 9445 Bird Rd
Suite, Apt. #, etc. 105
22 City & State Miami FL
Zip 33165 Country USA
23 24 30165 25 USA 26 9445 Bird Rd.
Suite, Apt. #, etc. 105
27 City & State Miami FL
Zip 30165 Country USA

4. FEI Number 65-0439543
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
ARAZOZA, COMAS D
FERNANDEZ-FRAGA, P.A.
101 MADEIRA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name Pedro C. Perdomo Suarez
82 Street Address (P.O. Box Number is Not Acceptable) 210 SW 48 Court.
83 Apt. # 1
84 City Miami FL 85 Zip Code 33134

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 Pedro C. Perdomo Suarez Date June 6, 1997

12. OFFICERS AND DIRECTORS
TITLE PTD
NAME PRESA, JESUS E
STREET ADDRESS 801 HIALEAH DR
CITY-ST-ZIP HIALEAH FL
TITLE VSD
NAME DE ESCUDERO, JIMENA T
STREET ADDRESS 801 HIALEAH DR
CITY-ST-ZIP HIALEAH FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
BIC Dep 16500

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.

CR2E034 (9/96)