

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES H. MATHIAS
GOVERNOR
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COMM - 1 MAY 3:27

DOCUMENT # P93000081970 (4)

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

EURO-PACIFIC HOLDING COMPANY

7108 FAIRWAY DRIVE
SUITE 285
PALM BEACH GARDENS FL 33410

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SUITE 285
PALM BEACH GARDENS FL 33410

(OR TYPE IN THIS SPACE)

2. Filing Date of Report	26. Filing Date of Report	3. Date of Last Report	3a. Date of Last Report
21. Filing Date of Report	26. Filing Date of Report	4. Filing Number	4. Filing Number
22. Filing Date of Report	27. Filing Date of Report	5. Certificate of Status	5. Certificate of Status
23. Filing Date of Report	28. Filing Date of Report	6. Election Campaign Financing	6. Election Campaign Financing
24. Filing Date of Report	29. Filing Date of Report	6. This corporation has failed to comply with the provisions of Chapter 190, Florida Statutes	6. This corporation has failed to comply with the provisions of Chapter 190, Florida Statutes

9. Name and Address of Current Registered Agent

WHITE, JOHN II
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 190.01, 190.02, and 190.03, 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, thereby approving the appointment as registered agent, name, address, and amount of the obligation of the new registered agent, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME STREET ADDRESS CITY STATE ZIP	NAME STREET ADDRESS CITY STATE ZIP
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14. I, the undersigned, certify that the information supplied with this filing is accurate, complete, and correct and that the information is true and correct and that the undersigned is duly qualified to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in the filing of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR