

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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000083428 (1)**

1. Corporation Name
EURO VI, INC.

Principal Place of Business

Mailing Address

C/O EURO AMERICAN MANAGEMENT
~~XXXX EISENHOWER BLVD SUITE 250~~
~~TAMPA FL 33607~~
US

C/O EURO AMERICAN MANAGEMENT
~~XXXX EISENHOWER BLVD SUITE 250~~
~~TAMPA FL 33607~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1993

4. FEI Number

65-0475426

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 4350 W. Cypress Str.

Suite, Apt. #, etc.
22 suite 250

City & State

23 Tampa, FL.

Zip

24 33607

Country

2a. Mailing Address

26 4350 West Cypress Str.

Suite, Apt. #, etc.
27 suite 250

City & State

28 Tampa, FL.

Zip

29 33607

Country

9. Name and Address of Current Registered Agent

BESSEM, HERMAN

~~XXXX EISENHOWER BLVD SUITE 250~~
~~TAMPA FL 33607~~

81 Name

Ameurco Management, Inc.

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

4350 West Cypress Str.

83 suite 250

84 City Tampa

FL

85 Zip Code

33607

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 in Block 12 or Block 13 if applicable

(NOTE: Registered Agent signature required when reinstating)

3/16/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

P BESSEM, HERMAN

STREET ADDRESS
~~XXXX EISENHOWER BLVD SUITE 250~~

CITY-ST-ZIP
~~TAMPA FL 33607~~

TITLE ☐ DELETE

NAME

D BESSEM, HERMAN

STREET ADDRESS
MAURITSKADE 5, 2514 HC

CITY-ST-ZIP
DEN HAAG TH

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4350 West Cypress Street, suite 250
Tampa, FL. 33607

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

P.

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

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/98

DATE

813-253-8800

Daytime Phone # **0383453**

CR2E034 (10/97)