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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # p94000038137

1. Corporation Name

EURO FINANCING CORP.

Principal Place of Business	Mailing Address
6620 S.W. 70TH LANE **MIAMI, FL 33143** **US**	**8548 WOODBRIAR DRIVE** **SARASOTA, FL 34238**

3. Date Incorporated or Qualified: **05/20/1994**

3a. Date of Last Report: **02/23/96**

2. Principal Place of Business (21): 2a. Mailing Address (26)

Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27)

City & State (23): City & State (28)

Zip (24): Country (25): Zip (29): Country (30)

4. FEI Number: **65-0494162** ☐ 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

REUS, ALEXANDER
4000 INTERNATIONAL PLACE
100 S.E. SECOND STREET
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name: **ALEXANDER REUS, ESQ. C/O B.M.W.**

82 Street Address (P.O. Box Number is Not Acceptable): **100 BISCAYNE BOULEVARD**

83 **21ST FLOOR, NEW WORLD TOWER**

84 City: **MIAMI** **FL** 85 Zip Code: **33132-2306**

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: Alexander Reus III — Signature, typed or printed name of registered agent and title if applicable

REUS, Alexander V — (NOTE: Registered Agent Signature required if changed)

3/27/96 — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DP** **FASSBENDER, HELMUT H** **8548 WOODBRIAR DRIVE** **SARASOTA, FL 34238** ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**ST** **FASSBENDER, MONIKA** **8548 WOODBRIAR DRIVE** **SARASOTA, FL 34238** ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**V** **REUS, ALEXANDER** **4000 INTERNATIONAL PL, 100 SE 2 ST** **MIAMI, FL 33131** ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition **V** **REUS, ALEXANDER, C/O B.M.W.** **100 BISCAYNE BLVD., 21ST FLOOR** **MIAMI, FL 33132**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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4-3-96
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ **FASSBENDER, Helmut** 03/29/96 **941-924-8512**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #