

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000033153 (4)**

1. Corporation Name

**EUROPEAN BUSINESS PUBLICATIONS, INC.**



Principal Place of Business

Mailing Address

**224 DATURA STREET  
SUITE 1100  
W PALM BEACH FL 33401**

**224 DATURA STREET  
SUITE 1100  
W PALM BEACH FL 33401**

3. Date Incorporated or Qualified  
**04/24/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **515 N. FLAGLER DR.**  
Suite, Apt. #, etc.

26 **515 N. FLAGLER DR.**  
Suite, Apt. #, etc.

22 **SUITE 300**  
City & State

27 **SUITE 300**  
City & State

23 **WEST PALM BEACH**  
Zip

28 **WEST PALM BEACH**  
Zip

24 **FL 33401**

29 **FL 33401**

Country

4. FEI Number  
**65-0576844**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees 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

10. Name and Address of New Registered Agent

**SCHOLIN, CHRISTIAN N  
224 DATURA STREET  
SUITE 1100  
W PALM BEACH FL 33401**

81 Name **SCHOLIN, CHRISTIAN N.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**505 S. FLAGLER DR.**  
83 **SUITE 1001**  
84 City **WEST PALM BEACH** FL 85 Zip Code **33401**

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

**CHRISTIAN N. SCHOLIN, ATTORNEY AT LAW**

**4/12/96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KLESVAARA, TUOMO</b>	
STREET ADDRESS	<b>LAPINLAHDEKATU 3A 00180 HEISINKI</b>	
CITY-ST-ZIP	<b>FINLAND</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAKINEN, MIKKO</b>	
STREET ADDRESS	<b>1304 WEST INDIES WAY</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OLEYNIK, OGOR S</b>	
STREET ADDRESS	<b>731 EIGHTH STREET S.E.</b>	
CITY-ST-ZIP	<b>WASHINGTON DC 20003</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PEURALA, MASERATI</b>	
STREET ADDRESS	<b>SVEAVAGEN 33</b>	
CITY-ST-ZIP	<b>STOCKHOLM, SWEDEN</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KARI KOPONEN</b>	
1.3 STREET ADDRESS	<b>1304 WEST INDIES WAY</b>	
1.4 CITY-ST-ZIP	<b>LANTANA, FL 33462</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Mikko Makinen**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-96**

**(407) 833-6969**

Date

Daytime Phone #

CR2E034 (12/95)