

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # P95000033153 (4)

1. Corporation Name

EUROPEAN BUSINESS PUBLICATIONS, INC.



Principal Place of Business

515 N. FLAGLER DR.
300
WEST PALM BEACH FL 33401
US

Mailing Address

515 N. FLAGLER DR.
300
WEST PALM BEACH FL 33401-4349
US

2. Principal Place of Business

21 7570 S. US HWY 1 #

Suite, Apt. #, etc.

22 8

City & State

23 HYPOLOXO - FLORIDA

Zip

24 33462

Country

25 USA

2a. Mailing Address

26 7570 S US HWY 1

Suite, Apt. #, etc.

27 8

City & State

28 HYPOLOXO - FLORIDA

Zip

29 33462

Country

30 USA

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0576844

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

SCHOLIN, CHRISTIAN N.
505 S. FLAGLER DR.
1001
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME KARI KOPONEN
STREET ADDRESS 1304 WEST INDIES WAY
CITY-ST-ZIP LANTANA FL

TITLE ☐ DELETE

D
NAME MAKINEN, MIKKO
STREET ADDRESS 1304 WEST INDIES WAY
CITY-ST-ZIP LANTANA FL 33462

TITLE ☐ DELETE

D
NAME OLEJNIK, OGOR S
STREET ADDRESS 731 EIGHTH STREET S.E.
CITY-ST-ZIP WASHINGTON DC 20003

TITLE ☐ DELETE

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TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

4-1-97

(561) 586 8509

CR2E034 (9/96)