


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90214 038 ***158.75

| | | | | | |
|---|--------------------------------------|--|---|--|--|
| DOCUMENT # P96000104017 | | | |  | |
| 1. Entity Name EURO AMERICAN INVESTORS GROUP USA, INC. | | | | | |
| Principal Place of Business 4300 W. CYPRESS ST STE 1075 TAMPA, FL 33607 | | | Mailing Address 4300 W. CYPRESS ST STE 1075 TAMPA, FL 33607 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3418219 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| AMEURCO MGMT INC 4300 W. CYPRESS ST STE 1075 TAMPA, FL 33607 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | EV | <input checked="" type="checkbox"/> Delete | TITLE | Executive Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BURDGE, BRUCE D | | NAME | Michael E. Spiker | |
| STREET ADDRESS | 4300 W. CYPRESS ST, STE 1075 | | STREET ADDRESS | 4300 W. Cypress St., Suite 1075 | |
| CITY-ST-ZIP | TAMPA, FL 33607 | | CITY-ST-ZIP | Tampa, FL 33607 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BESSEM, HERMAN | | NAME | Michael E. Spiker | |
| STREET ADDRESS | KONINGINNEGRACHT 7, 2514 AA DEN HAAG | | STREET ADDRESS | 4300 W. Cypress St., Suite 1075 | |
| CITY-ST-ZIP | THE NETHERLANDS, OC | | CITY-ST-ZIP | Tampa, FL 33607 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BESSEM, HERMAN | | NAME | Romain De Jaeger | |
| STREET ADDRESS | 4300 W. CYPRESS ST., SUITE 1075 | | STREET ADDRESS | 4300 W. Cypress St., Suite | |
| CITY-ST-ZIP | TAMPA, FL 33607 | | CITY-ST-ZIP | Tampa, FL 33607 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | Secretary | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DE JAEGER, ROMAIN | | NAME | Herman Bessem | |
| STREET ADDRESS | 2514 AA DEN HAAG | | STREET ADDRESS | 4300 W. Cypress St., Suite 1075 | |
| CITY-ST-ZIP | THE NETHERLANDS, | | CITY-ST-ZIP | Tampa, FL 33607 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | Assistant Secretary | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | Romain De Jaeger | |
| STREET ADDRESS | | | STREET ADDRESS | 4300 W. Cypress St., Suite 1075 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Tampa, FL 33607 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Michael E Spiker</u> | | Date: <u>4/20/04</u> | | Daytime Phone #: <u>813-353-8800</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |