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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S58146 1. Corporation Name EUROPA TRUST AND HOLDING, INC.				E FOCKLOSE FON ONION HIND ONDER CHEM ONE OF THE ONE OF THE ORDIT OF THE OFFICE OF THE OFFICE OF THE	
Principal Place of Business Mailing Address PO BOX 3026 PO BOX 3026					
29 SAILFISH RE VERO BCH FL :		29 SAILFISH RD VERO BCH FL 32964			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed 06/05/1991
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			65-0290771 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			s Floation Compaign Financing \$5.00 May Po
23	•	28			Trust Fund Contribution Added to Fees
Zip			Country	,	8. This corporation owes the current year Intangible
24	25	29 30	<u>L., </u>		Personal Property Tax.
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
BALC), KARL-HEINZ				
29 SAILFISH ROAD			82	Street A	t Address (P.O. Box Number is Not Acceptable)
P.O. BOX 3026			83		
VERO BEACH FL 32964			84	City	■■ 85 Zip Code
÷	•				FL
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 register 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		gistered Ager	nt signature re	a required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE		Change Addition
NAME	BALD, KARL-HEINZ		1.2 NAME		
STREET ADDRESS	29 SAILFISH ROAD		1.3 STREET	ADDRESS	s
CITY-ST-ZIP	VERO BEACH FL		1.4 C/TY+5	T-ZIP	
TITLE	Ť	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	doir, iciuii		2.2 NAME		
STREET ADDRESS	1946 16TH AVENUE			T ADDRESS	1940 10th Avenue, Suite C
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP	Change Addition
TITLE.			3.1 TITLE 3.2 NAME		
NAME PTREET ADDRESS			3.3 STREET	T ANN PEGG	
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-8		
TITLE		☐ DELETE	4.1 TITLE	//- Z.u	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	TADDRESS	s
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	•
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	T ADDRESS	
CITY+ST-ZIP			6.1 TITLE	3-LIP	☐ Change ☐ Addition
TITLE			6.2 NAME		
NAME STREET ADDRESS	•			TADDRESS	8

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NATARGKEQUIRERATI H. Bald

3/3/99

561-794-0066

Daytime Phone #