

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000004427 (0)**

1. Corporation Name
EUNETCOM, INC.



Principal Place of Business: **2 TRAP FALLS RD. SHELTON CT 06484**
Mailing Address: **2 TRAP FALLS RD. SHELTON CT 06484**

3. Date Incorporated or Qualified: **08/25/1994**
3a. Date of Last Report: **07/05/1995**
4. FEI Number: **06-1402245**
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

2. Principal Place of Business: 21. State, Apt. #, etc. 22. City & State 23. Zip Country 24. 25. 26. Mailing Address: 26. State, Apt. #, etc. 27. City & State 28. Zip Country 29. 30.

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	SCHLUTER, WILHELD	
STREET ADDRESS	1 PLACE DE LA COUPOLE, CEDEX 16	
CITY-ST-ZIP	DEFENSE FR	
TITLE	DDC	<input type="checkbox"/> DELETE
NAME	PICOT, MICHEL	
STREET ADDRESS	1 PLACE DE LA COUPOLE, CEDEX 16	
CITY-ST-ZIP	92094 PARIS LA DEFENSE FRANC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POURCIN, LAURE	
STREET ADDRESS	1 PLACE DE LA COUPOLE, CEDEX 16	
CITY-ST-ZIP	92094 PARIS LA DEFENSE FRANC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARULLI, JOSEPH	
STREET ADDRESS	1 PLACE DE LA COUPOLE, CEDEX 16	
CITY-ST-ZIP	92094 PARIS LA DEFENSE FRANC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERREBOEUF, HUGUES	
STREET ADDRESS	1 PLACE DE LA COUPOLE, CEDEX 16	
CITY-ST-ZIP	92094 PARIS LA DEFENSE FRANC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, JOHN	
STREET ADDRESS	1 PLACE DE LA COUPOLE, CEDEX 16	
CITY-ST-ZIP	92094 PARIS LA DEFENSE FRANC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Ramon Alvarez
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	888 Seventh Avenue
34. CITY-ST-ZIP	New York, NY 10106
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	2 Trap Falls Road
44. CITY-ST-ZIP	Shelton, CT 06484
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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 attached memorandum.

SIGNATURE: *Joseph V. Marulli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)