

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanna B. Mathem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000030873 (2)**

1. Corporation Name
1610 EUCLID CORP.



Principal Place of Business
**1228 ALTON RD.
MIAMI BCH. FL 33139
US**

Mailing Address
**1228 ALTON RD.
MIAMI BCH. FL 33139
US**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified **04/28/1993**

3a. Date of Last Report **02/20/1995**

4. FEI Number **65-0407867**

5. Cost State 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. 193.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ROSE, LEO JR.
1111 LINCOLN ROAD
SUITE 500
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent
81 Name
82 Street Address if P.O. Box Number is Not Applicable
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 6-17.00(2) and 6-17.00(3), 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 6-17.00(3), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

1. TITLE DELETE
NAME **DP RESNICK, ABE**
STREET ADDRESS **1228 ALTON RD.**
CITY, ST, ZIP **MIAMI BCH. FL**

2. TITLE DELETE
NAME **DS RESNICK, LIONEL**
STREET ADDRESS **1228 ALTON RD.**
CITY, ST, ZIP **MIAMI BCH. FL**

3. TITLE DELETE

4. TITLE DELETE

5. TITLE DELETE

6. TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

7. TITLE Change Addition
8. NAME
9. STREET ADDRESS
10. CITY, ST, ZIP

11. TITLE Change Addition
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP

15. TITLE Change Addition
16. NAME
17. STREET ADDRESS
18. CITY, ST, ZIP

19. TITLE Change Addition
20. NAME
21. STREET ADDRESS
22. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is valid, true and does not qualify for the exemption stated in Section 19.07(3)(a), 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. But I am an officer or director of the corporation or the transferor or transferee, in order to complete this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or changed in all elements with an address.

SIGNATURE: *ABE RESNICK* **ABE RESNICK** 4-1-96 305-6734981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)