

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90039 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P93000030873

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-28)  
 Suite, Apt. #, etc. (22, 26)  
 City & State (23, 27)  
 Zip (24, 28) Country (25, 29)

3. Date Incorporated or Qualified: 04/28/1993  
 4. FEI Number: 65-0407867  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
 ROSE, LEO JR  
 1ST SE 3RD AVE  
 STE 2400  
 MIAMI BEACH FL 33131

10. Name and Address of New Registered Agent  
 81 Name: Sara Resnick  
 82 Street Address (P O Box Number is Not Acceptable): 1228 Alton Rd.  
 83  
 84 City: Miami Beach FL 85 Zip Code: 33139

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: Sara Resnick SARA RESNICK 3/15/99  
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	DP	<input checked="" type="checkbox"/> DELETE
NAME	RESNICK, ABE	
STREET ADDRESS	1228 ALTON RD.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RESNICK, LIONEL	
STREET ADDRESS	1228 ALTON RD.	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Resnick, Sara	
1.3 STREET ADDRESS	1228 Alton Rd.	
1.4 CITY-ST-ZIP	Miami Beach, Fl. 33139	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Resnick, James	
3.3 STREET ADDRESS	1228 Alton Road	
3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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.

SIGNATURE: JAMES RESNICK 3-15-99 305-6734481  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time (month)

CR2E034 (11/98)