

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

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

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** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country  
**24** **25** **26** **27** **28** **29** **30**

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 Trust Fund Contribution ☐ **\$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** **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    |                 |  |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES RESNICK

3-15-99

305-6734481

CR2E034 (1/198)