

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 524541 (0)

1. Corporation Name

EUROPEAN MARKETING CORPORATION

95 JUN 10 AM 10:42

Principal Place of Business

Mailing Address

2221 N.E. 202 STREET
NORTH MIAMI BEACH FL 33180
US

2221 N.E. 202 STREET
NORTH MIAMI BEACH FL 33180
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/26/1977

3a. Date of Last Report

08/17/1994

4. FEI Number

59-2765049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under s. 199.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIRNHOLZ, JACK
2221 N.E. 202 STREET
NORTH MIAMI BEACH FL 33180

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

Signature (hand or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when reselecting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

BIRNHOLZ, JACK

STREET ADDRESS

2221 N.E. 202 STREET

CITY - ST - ZIP

NORTH MIAMI BEACH FL

TITLE

DP

NAME

BIRNHOLZ, SHIRLEY

STREET ADDRESS

2221 N.E. 202 STREET

CITY - ST - ZIP

NORTH MIAMI BEACH FL

TITLE

VPD

NAME

KNIGHT, HARRIET

STREET ADDRESS

25314 VIA ORIO

CITY - ST - ZIP

VALENCIA CA

TITLE

VPD

NAME

BIRNHOLZ, HARVEY

STREET ADDRESS

301 DUNWOODY LANE

CITY - ST - ZIP

HOLLYWOOD FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

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)(b), 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 in an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Mark #

6 JUN 1995

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9512420

CR2E034 (3/95)