=1800000 28C

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: EUREKA DEVE	LOPMENT FOUNDATION me of Corporation	Co	R
DOCUMENT NUMBER: F1800000) 2808		
The enclosed Affidavit by Foreign Corporation submitted for filing.	to Change/Add Officer(s) and/or Director(s) and	l fee a	re
Please return all correspondence concerning this	matter to the following:		
ARQUIMEDES LINARES Name of Contact Person	-		
EUREKA DEVELOPMENT FOUND	ATTON CORP.		
5505 NW 75T. APT. W-31 Address	'9		
MIAMI FL. 33126 City/State and Zip Code		10 %	
E-mail address: (to be used for future annual re	port notification)	10 NOV 20 P	
For further information concerning this matter, p	please call:	ья iZi яа	1,0:1
ARQUIMEDES LINARES at Name of Contact Person	(786) 486 - 7204 Area Code & Daytime Telephone Number	<u>.v</u>	
Enclosed is a check made payable to the Florida	Department of State for the following amount:		
\$35.00 Filing Fee \$Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears EUREKA DEVELOPMEN		
2. This entity was authorized to transact business in	Florida on $\frac{6/H}{18}$ and its Florida doc	rument
number is <u>F/800000 2808</u>	, .	၁၁ ျ
3. This corporation was formed under the laws of	Hahr	2 01
4. The name and address of each officer and/or direct	tor is as follows:	.3
Title: Director	Name and Address LEBAN EGAL	?\\ !2:
	1/274 SW 189 LN	-51 -50
	Name and Address LEBAN EGAL 1/2 74 SW 189 LN MIAMI F1. 33157	
		
(Attach additional pag	ges if necessary)	
annede Times	D, P	
Signature of an officer or director	Title of person signing	
yped or printed name of person signing	FILING FEE \$35	

Make checks payable to Florida Department of State and Mail to: Division of Corporations•PO Box 6327•Tallahassee, FL 32314