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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name	F75237	(0)	
EURO COLLECTIBL	.es, inc.		
Principa' Place of Business		Mailing Address	
259 W 33 ST.		259 W 33 ST.	



					04/06/1	orated or Qualified 982	3a. Date of L. 03/16	ast Report 5/1995
2. Principal Pla		2a. Mailing Address			4, FEI Number			Applied For
21 45 N.I	3. 39th Street	26			59-217	79706		Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of	Status Desired		3.75 Additional
	370565	27			G. Continuate of	Otatus Desired		Fee Required
City & State		City & State			6. Election Cam	paign Financing	\$	5.00 May Be
	Florida	28	···,		Trust Fund C	ontribution		Added to Fees
	Country	Zip	Coun	try	This corporat	tion has liability for i	ntangible tax und	ders 199.032,
24 33137	25 USA	29	30		Florida Statut		-	
	9. Name and Address of Curren	t Registered Agent			10. Name and A	Address of New R	egistered Agen	t
			8	Name				
LAWITS	CHKA, REINER		1	2 Street A	Address (P.O. Box Numb	or is Not Accordab	lo)	
259 W.	33 STREET		`	Street A	Tudiess (F.O. DOX Harris	or is not acceptable	ю	
MIAMI B	CH. FL 33140		Ē	3	·			
			-					
			8	4 City			FL 85	Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607,1508. Florida Statute	as, the above	a-named co	rooration submits this et-	atement for the num		ito registered office
Cu redistrore	a agent, or both, in the otate of ficing	aa. Such change was authorizi	ea by the co	rporation's I	board of directors. I here	by accept the appo	pose of changing bintment as regis) its registered offici lered agent. I am
HATTINGH VIII	i, and accept the obligations of, Secti	ion 607.0505, Florida Statutes	•				•	•
SIGNATURE _	ignative, typed or printed name of registered agent	Diam. All of the service of the serv	andria e la		equined when reinstating!			
_	efficience: Oher a conference retrue to noblementa reflectif	and are rabbicated (MO	TL: Hügistered A		Culted when reinstations		DATE	
	OFFICERS AND	D DIBECTORS		John Brighandre ne		NIANOEO TO OFF	OCOO AND DIDE	07000
12.	OFFICERS AND		13.			CHANGES TO OFFI		
12.	PD	D DIRECTORS DELETE	13. 1.1 Till	F		CHANGES TO OFFI	CERS AND DIRE	
12. THE NAME	PD Lawitschka, reiner		13. 1. 1 Trī L 1.2 NAM	E E		CHANGES TO OFFI		
12. Title NAME STREET ADDRESS	PD Lawitschka, reiner 259 West 33rd Street		13. 1.1 Titl 1.2 NAM 1.3 STRE	E E E1 ADORESS		CHANGES TO OFFI		
12. THE NAME STHELL ADDRESS CITY-ST-ZE	PD LAWITSCHKA, REINER 259 WEST 33RD STREET MIAMI BEACH FL 33140	☐ DELETE	13. 1.1 Titl 1.2 NAM 1.3 STRE 1.4 CITY	E E E1 ADORESS - S1- ZIP		CHANGES TO OFFI	[] Cha	inge Addition
12. THE NAME STREET AUDHESS CHY-ST-ZEP	PD LAWITSCHKA, REINER 259 WEST 33RD STREET MIAMI BEACH FL 33140 STD		13. 1.1 Titl 1.2 NAM 1.3 STRE	E E E1 ADORESS - S1- ZIP		CHANGES TO OFFI		inge Addition
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ceruly 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 directly 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

96 305 573-2223