

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G79680** (6)

1. Corporation Name

EUROPEAN WOODWORK & CONSTRUCTION, INC.



Principal Place of Business

**2957 DAY AVE
STE A
COCONUT GROVE FL 33133
US**

Mailing Address

**813 PALERMO AVE
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified
01/20/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2358705

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHREIBER, GERHARDT A., ESQUIRE
SCHREIBER, RODON-ALVAREZ, P.A.
890 SOUTH DIXIE HWY
CORAL GABLES FL 33146**

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 typed or printed name of officer or director or trustee

Printed Name of Agent or other registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**PD
LILJEDAHN, MAGNUS**
STREET ADDRESS
813 PALERMO AVE.
CITY- ST- ZIP
CORAL GABLES FL

TITLE ☐ DELETE

NAME
**STV
LILJEDAHN, AGNETTA**
STREET ADDRESS
813 PALERMO AVE.
CITY- ST- ZIP
CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

2. TITLE ☐ Change ☐ Addition

3. NAME
4. STREET ADDRESS
5. CITY- ST- ZIP

3. TITLE ☐ Change ☐ Addition

4. NAME
5. STREET ADDRESS
6. CITY- ST- ZIP

4. TITLE ☐ Change ☐ Addition

5. NAME
6. STREET ADDRESS
7. CITY- ST- ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP

6. TITLE ☐ Change ☐ Addition

7. NAME
8. STREET ADDRESS
9. 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)(k), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

510.96

529-9939

Date

Daytime Phone #

CR2E034 (12/95)