SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER [illegible]
AMOUNT DUE ON OR BEFORE 8/10/[illegible] $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT
199

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K 89125

1. Corporation Name
EUROAMERICAN IMPRT EXPORT CORP.

Mailing Address | Principal Place of Business

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05-18-1989
3a. Date of Last Report:

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address
21 7846 CORAL WAY
Suite, Apt. #, etc.
22
City & State
23 MIAMI, FL.
Zip 24 33155 Country 25 USA

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0119815
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

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

9. Name and Address of Current Registered Agent
CASANOVA, PEDRO A.
~~13802 SW 8 Street~~
MIAMI FL 33182

10. Name and Address of New Registered Agent
81 Name PEDRO A. CASANOVA
82 Street Address (P.O. Box Number is Not Acceptable) 7846 CORAL WAY
83
84 City MIAMI FL 85 Zip Code 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE [signature] PEDRO A. CASANOVA Pres. DATE 8-8-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

11 TITLE	D/P/S
12 NAME	CASANOVA, PEDRO A.
13 STREET ADDRESS	13802 SW 8 ST
14 CITY-ST-ZIP	MIAMI FL 33182
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	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	7846 CORAL WAY
14 CITY-ST-ZIP	MIAMI, FL. 33155
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	800001931468
62 NAME	-08/26/96--01010--013
63 STREET ADDRESS	***225.00
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)(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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 8-8-96 305 265 6357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PEDRO A. CASANOVA

0068746