

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 # **L94842** (6)

1. Corporation Name:
EUROPRO, INC.



Principal Place of Business

**40 SE 13TH ST B-4
BOCA RATON FL 33432**

Mailing Address

**40 SE 13TH ST B-4
BOCA RATON FL 33432**

3. Date Incorporated or Qualified
09/01/1990

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

2. Principal Place of Business
21 **2560 SW 12TH ST.**

2a. Mailing Address
26 **2560 SW 12TH ST**

4. FET Number
65-0209752

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **Boynton Beach FL**

27 **Boynton Beach**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **33426** 25 **USA**

29 **33426** 30 **USA**

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

**KOMINIAREK, CYNTHIA A
40 SE 13TH ST B-4
BOCA RATON, FL 33432**

81 **CYNTHIA A. STRASSER**

82 **2560 SW 12TH ST**

83

84 **Boynton Beach FL** 85 **33426**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 **Cynthia A. Strasser** **May 22, 1996**

Signature of Registered Agent (If not the same as the corporation's registered agent, attach a separate statement of appointment.)

Date of Appointment (If not the same as the date of filing, attach a separate statement of appointment.)

Date

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **STRASSER, MARTIN**
STREET ADDRESS **40 SE 13TH ST B-4**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **2560 SW 12TH ST.**
1.4 CITY-ST-ZIP **Boynton Beach FL 33426**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, 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 any attachment with an address.

SIGNATURE:

Martin Strasser **MARTIN STRASSER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-96 **407-736-2520**

Date Daytime Phone #

CR2E034 (12/95)