

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000016133 (9)

1. Corporation Name
631 EUCLID, INC.



Principal Place of Business

360 GRECO AVENUE
#207
CORAL GABLES FL 33166
US

Mailing Address

360 GRECO AVENUE
#207
CORAL GABLES FL 33146
US

2. Principal Place of Business

21 330 GRECO AVE

Suite, Apt. #, etc.

22 104

City & State

23 CORAL GABLES, FL

Zip

24 33146

Country

25 US

2a. Mailing Address

26 330 GRECO

Suite, Apt. #, etc.

27 104

City & State

28 CORAL GABLES, FL

Zip

29 33146

Country

30 US

3. Date Incorporated or Qualified

03/03/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0395582

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

ZERBONE, ALESSANDRO
330 GRECO AVE
SUITE 104
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

330 GRECO AVE

83.

104

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 registered agent and title, if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

D
NAME
ZERBONE, ALESSANDRO
STREET ADDRESS
360 GRECO AVENUE #207
CITY-ST-ZIP
CORAL GABLES FL

☐ DELETE

2. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

3. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

4. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

5. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

6. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

330 GRECO AVE #104

14 CITY-ST-ZIP

2. 1. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

3. 1. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

4. 1. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

5. 1. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

6. 1. TITLE

62 NAME

63 STREET ADDRESS

64 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22 (305) 461-3244

Date

Daytime Phone #

CR2E034 (12/95)