

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000016284 (0)

1. Corporation Name
608 EUCLID, INC.



Principal Place of Business

Mailing Address

**360 GRECO AVE.
207
CORAL GABLES FL 33146
US**

**360 GRECO AVE.
SUITE 207
CORAL GABLES FL 33146
US**

2. Principal Place of Business

2a. Mailing Address

21 **330 GRECO AVE**

26 **330 GRECO**

State Apt. # etc.

State Apt. # etc.

22 **# 104**

27 **# 104**

City & State

City & State

23 **CORAL GABLES, FL**

28 **CORAL GABLES, FL**

Zip

Country

Zip

Country

24 **33146** 25 **USA**

29 **33146** 30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/03/1993

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

4. FEI Number
65-0395581

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

**ZERBONE, ALESSANDRO
~~360 GRECO AVE.~~ 330 GRECO AVE
SUITE 200
CORAL GABLES FL 33146**

11. Pursuant to the provisions of Sections 607.06(2) and 607.05(4), 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(4), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME **D**
ZERBONE, ALESSANDRO
STREET ADDRESS **360 GRECO AVE., SUITE 200**
CITY, ST, ZIP **CORAL GABLES FL**

11.2 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

11.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

11.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

11.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

11.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

11.7 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

NAME **ZERBONE ALESSANDRO**
STREET ADDRESS **330 GRECO AVE, #104**
CITY, ST, ZIP **CORAL GABLES, FL 33146**

13.2 TITLE ☐ Change ☐ Addition

21 NAME

22 STREET ADDRESS

23 CITY, ST, ZIP

24 TITLE

25 NAME

26 STREET ADDRESS

27 CITY, ST, ZIP

28 TITLE

29 NAME

30 STREET ADDRESS

31 CITY, ST, ZIP

32 TITLE

33 NAME

34 STREET ADDRESS

35 CITY, ST, ZIP

36 TITLE

37 NAME

38 STREET ADDRESS

39 CITY, ST, ZIP

40 TITLE

41 NAME

42 STREET ADDRESS

43 CITY, ST, ZIP

44 TITLE

45 NAME

46 STREET ADDRESS

47 CITY, ST, ZIP

48 TITLE

49 NAME

50 STREET ADDRESS

51 CITY, ST, ZIP

1/19/96 (305) 161-3244

CR2E034 (12/95)