

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90120 044 ***150.00

0219206

DOCUMENT # P93000016294

1. Corporation Name
556 EUCLID, INC.

Principal Place of Business
330 GRECO AVE
104
CORAL GABLES FL 33146
US

Mailing Address
330 GRECO AVE
104
CORAL GABLES FL 33146
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/03/1993

4. FEI Number
65-0395578

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 200 S. Biscayne Blvd.

22 City & State

27 Suite 4815

23

28 Miami, FL 33131

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZERBONE, ALEX
330 GRECO AVE
104
CORAL GABLES FL 33146

81 Name

Piero Salussolia

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

200 S. Biscayne Blvd.

83

Suite 4815

84 City

Miami

FL

85 Zip Code

33131

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

04/27/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST-
NAME ZERBONE, ALEX
STREET ADDRESS 330 GRECO AVE, SUITE 104
CITY-ST-ZIP CORAL GABLES FL 33146

☒ DELETE

1.1 TITLE S
1.2 NAME ZERBONE, ALESSANDRO
1.3 STREET ADDRESS 330 Greco Avenue, Suite 104
1.4 CITY-ST-ZIP Coral Gables, FL 33146

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE D/P
2.2 NAME FIAMBERTI, EUGENIO
2.3 STREET ADDRESS 300 S. Pointe Dr., Apt. 3506
2.4 CITY-ST-ZIP Miami Beach, FL 33139

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE D/VP/T
3.2 NAME DALLE MOLLE, ALDO
3.3 STREET ADDRESS 300 S. Pointe Dr., Apt. 3506
3.4 CITY-ST-ZIP Miami Beach, FL 33139

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

ALESSANDRO ZERBONE

4/27/99

305-461-3244

Date

Daytime Phone #

CR2E034 (11/98)