FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 25 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000062916

1. Corporation Name
EUCLID HOLDING INC.

Principal Place of Business	Mailing Address
	330 GRECO AVE. #104 CORAL GABLES, FL. 33146

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number 65-0395575 ☐ 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	10. Name and Address of New Registered Agent
A. ZERBONE 330 GRECO AVE., STE. 104 CORAL GABLES, FL. 33146	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ 5/8/97
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P, S, T. ☐ DELETE	☐ Change ☐ Addition
NAME	ALEX ZERBONE	
STREET ADDRESS	330 GRECO AVE., STE 104	700002225457--0
CITY-ST-ZIP	CORAL GABLES, FL. 33146	-06/27/97--01115--004
		*****55.00 *****55.00
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		700002225457--0
STREET ADDRESS		-06/27/97--01115--005
CITY-ST-ZIP		*****55.00 *****55.00
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		700002225457--0
STREET ADDRESS		-06/27/97--01115--006
CITY-ST-ZIP		*****55.00 *****55.00
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ DELETE	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E024 (9/96)

14. I do 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.

SIGNATURE: A. ZERBONE 4/24/97 (305) 461-3244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER