

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000024418 (4)**

1. Corporation Name

EURO-FOOD IMPORTERS, INC.



Principal Place of Business

Mailing Address

~~1177 N.W. 01ST STREET MIAMI FL 33150~~
Suite 102
6415 LAKE WORTH RD.
LAKE WORTH, FLA 33463

~~1177 N.W. 01ST STREET MIAMI FL 33150~~
Suite 102
6415 LAKE WORTH RD
LAKE WORTH, FLA 33463

2. Principal Place of Business

2a. Mailing Address

21 ~~14892 Paddock Dr.~~
Suite, Apt. #, etc

26 ~~14892 Paddock Dr.~~
Suite, Apt. #, etc

22 City & State

27 City & State

23 ~~Wellington, FL~~

28 ~~Wellington, FL~~

24 Zip Country

29 Zip Country

~~33414~~

~~33414~~

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

03/29/1993

03/15/1995

4. FET Number

Applied For Not Applicable

65-0520105

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

KURTZ, JEFFREY S ESQUIRE
ONE CLEARLAKE CENTRE, SUITE 1504
250 AUSTRALIAN AVENUE SOUTH
WEST PALM BEACH FL 33401

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 607.0109 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 607.0109, Florida Statutes.

SIGNATURE

Signature (typed or printed name of signor) _____

Signature (typed or printed name of signor) _____

(Date) _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **P ARKENBOUT, RUDOLF**
STREET ADDRESS **1177 N.W. 01ST STREET**
CITY-STATE-ZIP **MIAMI FL 33150**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE DELETE
NAME **6415 LAKE WORTH RD Suite 102**
STREET ADDRESS **LAKE WORTH FLA 33463**
CITY-STATE-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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 trustee 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 from an officer listed with an address.

SIGNATURE:

Rudolf Arkenbout - **RUDOLF ARKENBOUT** 561-967-2222
6/5/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OR DIRECTOR

CR2E034 (12/95)