

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000034273 (1)**

1. Corporation Name
EURAD, INC.



Principal Place of Business 111 NW 183RD ST SUITE 305-A MIAMI FL 33169	Mailing Address 111 NW 183RD ST SUITE 305-A MIAMI FL 33169-4520
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3. Date Incorporated or Qualified 05/11/1993	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. SUITE 518 23 City & State MIAMI FL 24 Zip 33169 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. SUITE 518 28 City & State MIAMI FL 29 Zip 33169 30 Country	4. FEI Number 65-0411846 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**US PROPERTY INVESTMENT & AUCTION INC
111 NW 183RD ST
SUITE 350-A
MIAMI FL 33169**

10. Name and Address of New Registered Agent

81 Name SUITE 518	82 Street Address (P.O. Box Number is Not Acceptable)	84 City MIAMI	85 Zip Code FL 33169
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERDOS, ANDREW	12 NAME	
STREET ADDRESS	111 NW 183RD ST SUITE 350-A	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33169	14 CITY - ST - ZIP	
TITLE	AS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADBURY, RICHARD M.	22 NAME	
STREET ADDRESS	111 NW 183 STREET, #350	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard M. Bradbury Assistant Secretary

4/26/97 305-944-8811

DATE

Daytime Phone #

0231447

CR2E034 (9/96)