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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthard

Secretary of State DIVISION OF CORPORATIONS

P93000073434 (1) DOCUMENT # EUCLID AVENUE DEVELORMENT, INC.

FILED May 08 1998 8:00am Secretary of State

Mailing Address Principal Place of Business 1000 VENETIAN WAY 1000 VENETIAN WAY SUITE 102 SUITE 102 DO NOT WRITE IN THIS SPACE MIAMI FL 33139 MIAMI FL 33139 3. Date Incorporated or Qualified 10/22/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0447092 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 30 Personal Property Tax due June 30. 25 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LABRUZZO, VICTOR J. 1000 VENETIMAN WAY, SUITE 102 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33139 83 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition YOUNG, RICHARD S. NAME 1.2 NAME 1000 VENETIAN WAY, SUITE 102 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY+ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 THILE ☐ Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 CITY-ST-ZIP DELETE. Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIP 6.4 CITY-ST-ZIP

4. 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 of the relevier or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or no partitischment with paradigose.

SIGNATURE: