FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 2095 B-1339-C

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 21 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000004326 (2)**

1. Corporation Name
EUROCOS INCORPORATED

200001519242
-06/21/95--01048--009
*****25.00 *****25.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% SAMUEL SPENCER BLUM ESQ PA 2665 S BAYSHORE DR GRAND BAY PLZ #406 COCONUT GROVE FL 33133	% SAMUEL SPENCER BLUM ESQ PA 2665 S BAYSHORE DR GRAND BAY PLZ #406 COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: 01/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 Samuel S. Blum, Esq.	26 Samuel S. Blum, Esq.
Suite, Apt. #, etc. 22 106, 2666 Tigertail Avenue	Suite, Apt. #, etc. 27 106, 2666 Tigertail Ave.
City & State 23 Coconut Grove, Florida	City & State 28 Coconut Grove, FL
Zip / Country 24 33133 / 25 USA	Zip / Country 29 33133 / 30 USA

4. FEI Number: 65-0460779 ☐ 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
BLUM, SAMUEL P 2665 S BAYSHORE DR GRAND BAY PLAZA SUITE 406 COCONUT GROVE FL 33133	81 Name: Samuel Spencer Blum 82 Street Address (P.O. Box Number is Not Acceptable): 2666 Tigertail Avenue, Suite 106 83 84 City: Coconut Grove FL 85 Zip Code: 33133

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	EGLE, KENNETH	12 NAME	Egle, Kenneth	
STREET ADDRESS	14111 SW 97TH AVE	13 STREET ADDRESS	c/o Samuel Spencer Blum, 2666 Tigertail Ave	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Suite 106, Coconut Grove, FL 33133	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP	DEPOSITED BY BANK	6/21

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)(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: Kenneth Egle 2/7/95 305-854-1885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0427610 FP