FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020817 (0)

1. Corporation Name

AMEROPA MARKETING CONCEPTS, INC.

Principal Place of Business:
9511 FOUNTAINEBLEAU BOULEVARD
UNIT 207
MIAMI FL 33172

Mailing Address:
9511 FOUNTAINEBLEAU BOULEVARD
UNIT 207
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 4625 NW 99 AVE; Suite, Apt. # etc. 22 206; City & State 23 MIAMI Fl; Zip 24 33178; County 25 DADE

2a. Mailing Address: 26; Suite, Apt. # etc. 27; City & State 28; Zip 29; County 30

3. Date Incorporated or Qualified: 03/17/1994
3a. Date of Last Report:

4. FEI Number: 076-32-4748 ☐ 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 is eligible for ... under ... Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: PAUL ROSA
82 Street Address (P.O. Box Number is Not Acceptable): 4625 NW ~~99~~ 94 AVE #206
83
84 City: MIAMI FL 85 Zip Code: 33178

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]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	☐ Change ☐ Addition
NAME	ROSA, PAUL F	1 NAME	
STREET ADDRESS	9511 FOUNTAINEBLEAU BOULEVARD, UNIT 207	1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	1 CITY-ST-ZIP	
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-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)(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] PAUL F. ROSA — 3/9/95 — (305) 870-0770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0106076 CP