

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:40

DOCUMENT # P94000021262 (8)

1. Corporation Name
EUROKEYS CORP.

Principal Place of Business Mailing Address
920 CORAL WAY 920 CORAL WAY
CORAL GABLES FL 33134 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
03/18/1994

4. FEI Number Applied For
65-0483771 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

FLEITAS, NANCY C
920 CORAL WAY
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 607.0502 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 of Registered Agent)

(Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **D**
2. NAME **FLEITAS, NANCY C**
3. STREET ADDRESS **920 CORAL WAY**
4. CITY, ST, ZIP **CORAL GABLES FL 33134**
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP Change Addition
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP Change Addition
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP Change Addition
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP Change Addition
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do so equally for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information submitted on this return is not a supplemental annual report as defined in statute and that my signature shall have the same legal effect as if made for each entity that I am an officer or director of. The penalties or fines or other consequences provided in or under this report as imposed by Chapter 607, Florida Statutes, and that my name appears in Block 17 of Block 13 of this filing, or on an attachment with an address.

SIGNATURE:

(Handwritten Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-95
(Handwritten Signature)
DATE