

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P94000024898 (6)

95 JAN 19 11 9:49

1. Corporation Name

EUROPA GOLD MFG, INC.

Principal Place of Business

13831 EXOTICA LN
W PALM BEACH FL 33414

Mailing Address

13831 EXOTICA LN
W PALM BEACH FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FET Number

65-0479448

Applied For

Not Applicable

22. Suite, Apt. #, etc.

22

27. Suite, Apt. #, etc.

27

5. Certificate of Status Desired

LL

\$8.75 Additional Fee Required

23. City & State

23

28. City & State

28

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

24. Zip

24

Country

25

29. Zip

29

Country

30

8. This corporation has liability for intangible tax under FS 199.001, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GOLDMAN, JEROME
13831 EXOTICA LN
W PALM BEACH FL 33414**

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 607.1503, 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 then "I declare."

Signature: Typed or printed name of registered agent and then "I declare."

Date

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

GOLDMAN, JEROME

STREET ADDRESS

13831 EXOTICA LN

CITY, ST, ZIP

W PALM BEACH FL 33414

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

☐ Change ☐ Addition

2. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

2. NAME

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. NAME

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

4. NAME

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. NAME

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is substantially true and does not qualify for the exemption stated in section 199.021, 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 record or freedom responsible to make this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with my address.

SIGNATURE:

Jerome Goldman, Pres
TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/95

402-791-0269