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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

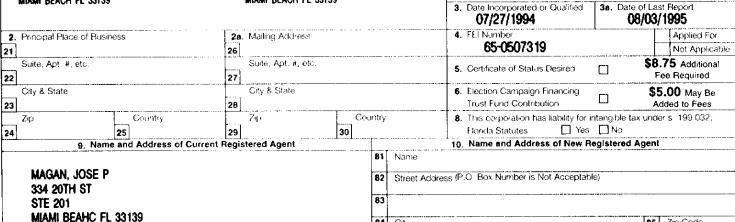
## P94000055498 (7) **DOCUMENT #**

EUROAMERICA ENTERPRISES GROUP, INC.

	· · · · ·
	, ,,
Principal Place of Business	Mailing Address

**334 20 STREET** SUITE 201 MIAMI BEACH FL 33139 **334 20 STREET** SUITE 201

MIAMI BEACH FL 33139



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 Fioridal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Farm familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

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City

SIGNATURE Signate tradition protection of the displace that the di						
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P	LITHE P		🔀 Change	Addition	
NAME	MAGAN, JOSE	1.2 NAMÉ MA	AKAN JOIE 100 Brichul av \$207 1441, FL 331.23			
STREET ADDRESS	334 20 STREET, SUITE 201	13 STREET ADDRESS 27	100 Brickell AV Free7			
CITY-SI-ZIF	MIAMI BEACH FL 33139	1.4 City St - ZiP	1441 , FL 33123			
TITLE	DELETE	2 1 TITLE		Change	☐ Addition	
NAME		2.2 NAME			ļ	
STREET ADDRESS		2 3 STREET ADDRESS				
City-St-ZiP		24 CiTY - ST - ZiP				
THILE	DELETE	3 1 TiftE		Change	☐ Addition	
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4 City S1-2iP				
Til_€	☐ DELETE	4 1 TITLE		Change	Addition	
NAME		4.2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY - ST - ZIP		4.4.C+TY - ST - ZIF				
TITLE	☐ DELETE	5 1 T.TLE		Change	Addition	
NAME		5.2 NAME				
STHEET ADDRESS		5.3 STREET ADDRESS				
CITY - ST - ZIP		5.4 CITY - ST - ZIP				
THILF	☐ DELETE	6 1 TITLE		Change	Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY - ST - ZIP		6.4 CITY - S1 - ZIP				

14. I do hereby certify that the information supplied with this flight is joiuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated on this amutal report or supplicimental annual report is frue 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 coporation or the regioner 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 change an attachmic it with an address

SIGNATURE:

PRCHOOM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(308) 44418 40

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Zip Code