

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 28 PM 3:50

DOCUMENT # P94000067252 (4)

1. Corporation Name

EUROMARK CORP.

Principal Place of Business

**5555 COLLINS AVENUE STE. 15W
MIAMI BEACH FL 33140**

Mailing Address

**5555 COLLINS AVENUE STE. 15W
MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1994

3a. Date of Last Report

2. Principal Place of Business

21 5555 COLLINS AV. 15-W

2a. Mailing Address

26 5555 COLLINS AV 15-W

4. FEI Number

FEI 650523308

Applied For

Not Applicable

Suite, Apt. #, etc.

22 15-W

Suite, Apt. #, etc.

27 15-W

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 MIAMI BEACH, FL.

City & State

28 MIAMI BEACH, FL.

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 33140

Country

25 U.S.A.

Zip

29 33140

Country

30 U.S.A.

8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**GONZALEZ, RICHARD ESQ.
1051 WEST 29TH STREET STE. 3
MALEAH FL 33012**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

**TITLE PSTD
NAME CABANAS, JUANITA C
STREET ADDRESS 5555 COLLINS AVENUE STE. 15W
CITY- ST- ZIP MIAMI BEACH FL 33140**

**TITLE VD
NAME TROJACLO, VINCENT
STREET ADDRESS NO. 2 RUE EDITH PIAF APT. 3098
CITY- ST- ZIP TOULOUSE FRANCE**

**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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(3)(k), 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 applicable, when an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUANITA C. CABANAS 2/13/95 301-876-7690