

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90054 011 \*\*\*150.00

DOCUMENT # P94000067252

1. Corporation Name  
EUROMARK CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
5555 COLLINS AVE  
SUITE 15-W  
MIAMI BEACH FL 33140  
US

Mailing Address  
5555 COLLINS AVE  
SUITE 15-W  
MIAMI BEACH FL 33140  
US

3. Date Incorporated or Qualified

09/13/1994

4. FEI Number

65-0523308

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CABANS. JUANITA C  
5555 COLLING AVE, STE 15W  
MIAMI BEACH FL 33140

81 Name

Vincent Trojagola

82 Street Address (P.O. Box Number is Not Acceptable)

5555 Collins Ave #15W

83

84 City Miami

FL

85 Zip Code 33140

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 *Juanita Cabanas*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE

P

☐ Change

☒ Addition

1.2 NAME

Vincent Trojagola

1.3 STREET ADDRESS

5555 Collins Ave #15 W

1.4 CITY-ST-ZIP

Miami Beach, FL 33140

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE

VP

☒ Change

☐ Addition

2.2 NAME

Juanita Cabanas

2.3 STREET ADDRESS

5555 Collins Ave #15W

2.4 CITY-ST-ZIP

Miami Beach, FL 33140

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Vincent Trojagola* VINCENT TROJAGOLA

08/01/99

1357100353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

02/01/99