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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

–	996	GF - 7.7	oretary of State OF CORPORATION	VS		
DOCUM 1. Corporation N	ENT # P95 (000028204	(2)			
EUROTE	EC OF AMERICA, INC.					
Principal Place of	f Business	Mailing Address				IM TIMBY IMITE JEWH MREST BIMT 1845
9004 S.W. 138TH AVE. MIAMI FL 33186		9804 S.W. 138TH AVE. MIAMI FL 33186				
					3. Date Incorporated or Qualified 3a. Date of Last Report	
					3. Date Incorporated or Qualified 3a. C	pate of Last neport
2. Principal Place of Business		2a. Mailing Address			4. FLI Number	Applied For
1		26			65-0584741	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
3		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangib Florida Statutes	
4	25 9. Name and Address of C	29 current Registered Agent	30		10. Name and Address of New Register	
	g. Rame and Address of C	anton regional region	81	Name		
POHI TO	N CHERVI		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
POULTON, CHERYL 9804 S.W. 137TH AVENUE						
MIAMI FL			63			
			84	City		85 Zip Code
	U - Clare of Continue 607	7.0500 and 607.1508. Florida St	tatutes the above-n	amed corpor	ration submits this statement for the nurnose of	changing its registered office
or registerer	d scient, or both, in the State O	of Florida. Such change was auth f, Section 607.0505, Florida Stat	HOUSED BY THE COMPA	oration's boa	rd of directors. I hereby accept the appointmen	t as registered agent. I am
SIGNATURE	i, and accept the boligations of	, 000,001,000,000,1,101,000				
SIGNATURE	ignature, typed or printed name of registers		(NOTE: Registered Agen	t signature require	ad wher reinstaling! DA' ADDITIONS/CHANGES TO OFFICERS	
12.		RS AND DIRECTORS DELETE	13.	P.	T, S	Change
TITLE	D WEIGOL, KYLE L	44	1.2 NAME		GOPOLDO NANNI	
STREET ADDRESS	100 S.E. 2ND ST. SUIT	E 1700	1.3 STREET	ADDRESS 94	loy siw, 138 Anc.	
CITY-ST-ZIP	MIAMI FL 33131		14 CITY - S	T-ZIP h	MAMI, FL BBIRG	E O Maior
TITLE	MR ALIA B TALLES	☐ DELETE	2 1 TITLE	14		Change Addition
NAME			2.2 NAME	1	HERYL POULTON	
STREET ADDRESS			2 3 STREET	*	by 500 136 five.	
CITY - ST - ZIP		DELETE	2.4 CITY-S 3 1 TITLE	II-ZIP	KIAMI, P.C. OU.S.	Change Addition
TITLE NAME			3 2 NAME		. August	
STREET ADDRESS			33 STREE	I ADDRESS		
CITY-ST-ZIP			3.4 CITY - 5	51 - ZIP		CT Change CT Addition
Trice		DELETE				Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET			
CITY - ST- ZIP		DELETE	4.4 CITY - S 5. 1 TITLE	31-CFF		☐ Change ☐ Addition
TITLE NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET	raddress	600001789 -04/22/9601089- ***200.00	386
CITY-ST-ZIP			5 4 CITY-5	ST-ZIP	-04/22/9601089-	-008
TITLE		DELETE			₹₹₹₹₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽	Change Addition
NAME			62 NAME			>22
STREET ADDRESS				I ADDRESS		4'-
CITY-ST-ZIP	v certify that the information su	inplied with this filing is voluntari	6.4 City-1 ly furnished and doe	o not qualify	for the exemption stated in Section 119.07(3)(), Florida Statutes. I further
certify that	the information indicated on the	nis annual report or supplementa e corporation or the receiver or jed, or on an attachment with ar	trustee empowered	ue and accur to execute t	rate and that my signature shall have the same his report as required by Chapter 607, Florida S	legal effect as if made under Statutes; and that my name

SIGNATURE: SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHERY L POULTON 417/96 (305)