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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000043849 (5)

EUROGOURMET,INC.

FILED
May 26 1998 8:00am
Secretary of State

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	<u> </u>					l				• 1	
Principal Place of		Mailing Address									
1207 S.W. 131ST (MAMI FL	CIRCLE WEST	1207 S.W. 131ST CIRCU MIAMI FL 33184-2000	E WEST								
							Date Incorporated or Qualified 06/07/1995		of Las 1/199		
2. Principal Place	of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·			4,	FEI Number			Applied For	
21		26					65-0592503			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired					\$8.7	Additional	
22 27						Fee Required					
City & State City & State				6. Election Campaign Financing \$5.00 May Be						O May Be	
23		28					Trust Fund Contribution		Adde	d to Fees	
Zip	Country	Zip	Country			8. This corporation has liability for intangible to			r s. 199.032.		
24	[25]	29	30					Yes _			
	, Name and Address of Current F	legistered Agent	31			10.	Name and Address of New Flag	A benetef	gent		
	rri, jose j		•'	Ί΄	Name						
	.W. 131ST PLACE CIRCLE WES	ST .	82	!	Street Addres	is (P.	O. Box Number is Not Acceptable	e)			
MIAMI I	FL		83	-							
			84	۱.	City				PE 7:	p Code	
1			1	1	•			FL	[**]	•	
11. Pursuant to th office or regis agent. I am fa	e provisions of Sections 607,0502 a iterad agent, or both, in the State of imiliar with, and accept the obligation	nd 607.1508, Florida Statu Florida. Such change was ins of, Section 607.0505, F	ites, the above authorized be lorida Statute	y this.	named corporation	ation n's b	i submits this statement for the pi oard of directors. I hereby accep	the appo	changing intment	its registered as registered	
SIGNATURE SION	sture hyped or printed name of registered agent a	nd life if applicable (NO	TE: Recistered Ac		egneture required y	when	reinstation)	DATE			
12.	OFFICERS AND D		13.				DDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12	
TITLE P	0	☐ DELETE	1.1 TITLE						Change		
YAME S	Everri, Jose J		1.2 NAME						_		
STREET ADDRESS 1	207 S.W. 131ST CIRCLE WEST		1.3 STREE	TAD	ORESS						
CITY-ST-ZIP M	IIAMI FL 33184	• .	1.4 CITY - :	ST-2	ZIP					ļ	
TITLE	D	DELETE	2.1 TITLE	-		•			Change	Addition	
NAME D	E FREITAS, ANACLET T	, ,	2.2 NAME						•		
STREET ADDRESS 1	207 S.W. 131ST CIRCLE WEST		2.3 STREE	T AD	ORESS						
CITY-ST-ZIP M	ILAMI FL 33184		2. 4 CITY-								
TITLE S	<u> </u>	☐ DELETE	3.1 TITLE	<u></u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
WHE E	SEVERRI, OLGA L		3.2 NAME						•	-	
	207 S.W. 131ST CIRCLE WEST		3.3 STREE	T AD	ORESS					i	
	IAMI FL 33184		3.4. CITY -	_							
TITLE T	<u> </u>	X DELETE	4.1 TITLE	*					Change	Addition	
NAME R	ODRIGUEZ, FATIMA M	/\	4 2 NAME			E	5 000002535 : -05/27/9801004-	ಶನ್	· •		
	207 S.W. 131ST CIRCLE WEST		4.3 STREE		ORESS		-U5/27/38U10U4	-U31	,		
	IAMI FL 33184		4.4 CITY - 1				***150.00		/	1	
title		☐ DELETÉ	5.1 TITLE	<u> •</u>					Zi Change	Acdition	
MME :			5.2 NAME					///	7	15)	
STREET ADDRESS		•	5.3 STREE		DRESS			- 4/1	1/)/	\mathcal{A}	
2(TY - 3T - 2)P			5.4 CiTY -					10	/ /		
TIFLE		☐ DELETE	6.1 TITLE	•					Change	Addition	
NAME		<u> </u>	6.2 NAME					•			
STREET ADDRESS			6.3 STREET		DAESS						
JULY-ST-JIP			6.4 CITY - 5								

4. I do 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 appropriate report is true and accurate and that my signature shall have the same legal effect as if made under path, that I am an officer or director of the corporation or the acciver 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 made a statement with an address.

SIGNATURE:

JOSE J. ESEVERAL . 2/27/98