

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000076095 (5)**

1. Corporation Name

EUROAM ENTERPRISES, INC.



Principal Place of Business

**6350 NORTH ANDREWS AVENUE
SUITE 100
FT. LAUDERDALE FL 33309**

Mailing Address

**6350 NORTH ANDREWS AVENUE
SUITE 100
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified
10/03/1995

3a. Date of Last Report

2. Principal Place of Business

21 **3230 NE 59th St.**

Suite, Apt. #, etc.

22

City & State

23 **Ft. Lauderdale, Fl**

24 **33308**

Country **US**

2a. Mailing Address

26 **3230 NE 59th Street**

Suite, Apt. #, etc.

27

City & State

28 **Ft. Lauderdale, Fl**

29 **33308**

Country **US**

4. FEI Number

65-0616249

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GERRITS, ANDREW T
6350 NORTH ANDREWS AVENUE
SUITE 100
FT. LAUDERDALE FL 33309**

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 (if applicable)

(If 1011, Registered Agent's signature is required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **GERRITS, ANDREW T**
STREET ADDRESS **6350 N. ANDREWS AVE., SUITE 100**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D/P** ☒ Change ☒ Addition
12 NAME **Jose Piccolo**
13 STREET ADDRESS **3230 NE 59th Street**
14 CITY-ST-ZIP **Ft. Lauderdale, Fl 33308**

21 TITLE **S** ☐ Change ☒ Addition
22 NAME **Ricardo Villar**
23 STREET ADDRESS **3230 NE 59th Street**
24 CITY-ST-ZIP **Ft. Lauderdale, Fl 33308**

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 119.07(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 changed, or on an attachment with an address.

SIGNATURE:

Jose Piccolo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Piccolo

4/23/96

(954) 938-9801

Daytime Phone #

CR2E034 (12/95)