SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Sep 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9500076095 (5) EUROAM ENTERPRISES, INC.					 	
Principal Place of Business Mailing Address						ı
3230 NE 59TH STREET FT. LAUDERDALE FL 33308 US 3230 NE 59TH STREET FORT LAUDERDALE FL 3330 US			3308		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal Place of Business 2a. Mailing Address					10/03/1995 04/29/1996 4. FEI Number Applied F	
21 Principal Pr	ace of Business	26. Walling Address			4. FEI Number Applied F 65-0616249 Not Appli	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Addition	
22		27			5. Certificate of Status Desired Fee Required	
City & State)	City & State			6. Election Campaign Financing \$5.00 May B	ө
23		28			Trust Fund Contribution	
— ^{Zip}			Country	<i>y</i>	8. This corporation owes or has paid the current year Intangible	•
24	25 29 30		30		Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered Agent	
GERRITS, ANDREW T						
6350 NORTH ANDREWS AVENUE SUITE 100			82	Street /	t Address (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33309			83			
11.	DIGDENDALE I E GOOD					
			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.						tered ered
SIGNATURE .	Signature, typed or printed name of registered ager	it and tille if applicable. (NOT	E: Registered Ag	ont signature	re required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS 13		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	DP	☐ DEL€TE 1.1°			☐ Change ☐ A	ddition
NAME	•		1.2 NAME			
STREET ADDRESS	ET LAUDFODALE FI		1.3 STREE	i address		
CITY-ST-ZIP			1.4 CiTY-	ST-ZIP	S O O O O O O O O O O O O O O O O O O O	ddition
TITLE	S VILALR, RICARDO	T DEfets	21 TITLE	1	VILLAR, RICARDO CONNECTION STREET FUNCTION STREET	
NAME ATRECT ADDRESS	AAAA AM GATA ATRONY		2.2 NAME	, ADDIDECE	3230 N. P. 5916 STORE	V.
STREET ADDRESS	PART LAUDEROALE EL			T ADDRESS	Fin (and aduly #1	
CITY-ST-ZIP TITLE			2. 4 CITY- 3.1 TITLE	21-71		ddition
NAME			3.2 NAME			
STREET ADDRESS	3.3			ADDRESS		
CITY-ST-ZIP	1		3.4. CITY-	1)
TITLE	☐ DELETE 4.1		4.1 TITLE		Change A	ddition
NAME	4.2		4. 2 NAME			
STREET ADDRESS	4.3 \$		4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
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NAME			5.2 NAME			ŀ
STREET ADDRESS			ł	T ADDRESS		
CITY-ST-ZIP				ST-ZIP	☐ Change ☐ A	ddition
TITLE	·		6.1 TITLE		Consults T w	portion
NAME STREET ANADESS			6.2 NAME	T ADDRESS		Ī
]			6.4 CITY-			
CITY-ST-ZIP	or conflict that the information complies	Lwith this filing door not guali			stated in Section 119 07(3Vi). Elevida Statutes, Liturbar certify that the	

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 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 any stachment with an address.