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

Mailing Address 5860 SW 117TH ST

PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080825

1. Corporation Name

EUPHOGENIA, INC.

Principal Place of Business

5860 SW 117TH ST

FILED
Mar 02, 1999 8:00 am
Secretary of State
02 02 1000 00042 002 ***150 00

03-02-1999 90043 002 ***150.00



MIAMI FL 33158	•	MIAMI FL 33156		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					10/20/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
:1		26			65-0648573		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
2		27			<u> </u>		
City & State	9	City & State			6. Election Campaign Financing [Trust Fund Contribution		00 May Be ed to Fees
2in	Country	Zip	Country		This corporation owes the current		54 10 1 003
Zip	25	29 30	¬ ·		Personal Property Tax.	Yes	□No
4	9. Name and Address of Current F		<u>'</u>		10. Name and Address of New Reg	istered Agent	
			81 Na	ame 🖊	- 1 - E- 1		-
	TER, FRANCIS L		00 0	الم	ess (P.O. Box Number is Not Acceptable	<u>. </u>	
3200	MIAMI CENTER	1	82 St	1 0	S. Bisceyne Blud		_
201	S BISCAYNE BLVD & addres	s change ->	83		10.10	Center	
MIAM	Al FL 33131-2312 <i>O</i>	•	2 2	uite.	. 1920, Miani		Lip Code
			84 Ci		ami		3 13 1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-na	med compr	ration submits this statement for the pu	roose of changing	its registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was auth	iorized by the	corporation	n's board of directors. I hereby accept to	he appointment as	s registered
SIGNATURE	Signature, typed or printed name of registered agent a	and hits if applicable (NOTE: Re	gistered Agent sign	nature required	when reinstation	DATE	
12.	OFFICERS AND		13.	- Todonou	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	D	DELETE	1.1 TITLE	- P		Chan	
NAME	CARTER, STEPHANIE R	_	1.2 NAME	CA	RTER, STEPHANIE R.	4	
STREET ADDRESS	11601 SW 57TH CT		1.3 STREET ADD	RESS 20	,00 S. Bayshore Dr.	# 22	
	MIAMI FL 33156		1.4 CITY-ST-ZIP	m	iami, FL 33/33		
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE	V		Chan	ge Addition
NAME	LEDERMAN, JOANN		2.2 NAME	Le	derman, JOAnn		
STREET ADDRESS	5860 SW 117TH ST		2,3 STREET ADO	RESS SA	PLO SWIIT ST.		
CITY-ST-ZIP	MIAMI FL 33156		2, 4 CITY-ST-ZIP	M	iami. FL 33/56		
TITLE		☐ DELETE	3.1 TITLE			☐ Chan	ge 🔲 Addition
NAME		1	3.2 NAME				
STREET ADDRESS	11		3,3 STREET ADD	RESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIF	P			
TITLE		☐ DELETE	4.1 TITLE			☐ Chan	ge 🗌 Addition
NAME			4, 2 NAME	- 1			•
STREET ADDRESS			4.3 STREET ADD	RESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	,			
TITLE		☐ DELETE	5.1 TITLE			Chan	ige 🔲 Addition
NAME		}	5.2 NAME	}	÷		
STREET ADDRESS			5.3 STREET ADD	DRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	,			
TITLE		☐ DELETE	6.1 TITLE			Char	nge 🗀 Addition
NAME			62 NAME	ļ			
STREET ADDRESS			6.3 STREET ADD	XRESS			
CITY-ST-ZIP			6.4 CITY- ST- ZIP	,			
44 11 1	alford a share from the same of the state of the share of the state of	this filing does not qualify for th	a avamation	ctated in St	ection 119 07/3\/i) Florida Statutes fi	urther certify that t	he information

I nerepy certify that the information supplied with this filling 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:

Stephen OF BRINGEN WANTE OF SIGNING OFFICER OR DIRECTOR

1-21-99

3057379.0007 Daytime Phone # 1/ 225

R2E034 (11/98)