

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90003 047 \*\*\*150.00

DOCUMENT # P95000083886 (8)

1. Corporation Name

EUROSPARES USA, INC.

Principal Place of Business

6175 N.W. 153rd St.  
Suite 215  
Miami Lakes, FL 33014

Mailing Address

6175 N.W. 153rd St.  
Suite 215  
Miami Lakes, FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/01/1995

4. FEI Number

65-0727985

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 6175 N.W. 153rd St.

Suite, Apt. #, etc.

22 Suite 312

City & State

23 Miami Lakes, FL

Zip

24 33014

Country

25 US

2a. Mailing Address

26 6175 N.W. 153rd St.

Suite, Apt. #, etc.

27 Suite 312

City & State

28 Miami Lakes, FL

Zip

29 33014

Country

30 US

9. Name and Address of Current Registered Agent

Sheldon Evans, P.A.  
6175 N.W. 153rd Street  
Suite 215  
Miami Lakes, FL 33014

10. Name and Address of New Registered Agent

81 Name

Sheldon Evans, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

6175 N.W. 153rd Street

83

Suite 312

84 City

Miami Lakes,

FL

85 Zip Code

33014

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE  
NAME Bielefeldt, Grethe H  
STREET ADDRESS 6175 N.W. 153rd St., Ste. 215  
CITY-ST-ZIP Miami Lakes, FL 33014

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition  
1.2 NAME Bielefeldt, Grethe H  
1.3 STREET ADDRESS 6175 N.W. 153rd St., Ste. 312  
1.4 CITY-ST-ZIP Miami Lakes, FL 33014

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRETHE H. BIELEFELDT, PRESIDENT

4/15/99

Date

Daytime Phone #

CR2E034 (11/98)