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**

DOCUMENT # P96000044024

1. Corporation Name

EUROAL	MENTAHIA, INC															
Principal Place	of Business	М	ailing Address													
601 BRICKELL 1 SUITE 501	KEY DR	di Brickell Key Dr Uite 501			ļ											
MIAMI FL 33131-2651			MIAMI FL 33131-2651			-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified									
<u> </u>							3.		Incorp.)6/19 :		Qualife	d 				
2. Principal Pl	ace of Business	2a	Mailing Address				4.		lumber					· 🎞	Applie	ed For
21	•	26						<u>65-(</u>	<u>)6704</u>	<u>45 </u>						pplicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.	•			5.	Certi	fcate of	Status E	esired	□ <i>-</i>	· -	\$8.75 Fee	Ā Add Requi	
City & State	•	28	City & State			•	6.			npaign F Contribut	•	,		\$5.0 Adde	0 Ma	
Zip	Country	1-01	Zip	Count	ry		8.	This	corpora	tion owe	s the cu	rrent yea	r Intan	gible		,
24	25	29	3	o					-	operty Ta		-		Yes	×	No
	9. Name and Address of Current	11	stered Agent	T			10.	Nam	e and	Address	of New	Registe	red Ag	jent		
				8	11	Name									•	
GUTIERREZ, RENALDY J						Stroot /		OB	ov Nun	hor is N	ot Accer	table)				
601 BRICKELL KEY DR						Gueet F	iuui ess (i	.0. 0	OX HUII	1001 13 14	n nooch	лавю		•		
SUITE 501																-
MIAMI FL 33131-2651															- 0-	
,				8	4	City							FL	85 Zi	ip Coo	oe .
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	HOR	da. Such change was auti	nonzea r	ועכ	ine como	corporatio ration's b	n subi oard o	nits this f direct	stateme ors. I her	ent for the	e purpos ept the a	e of ch	anging nent as	its reg regis	gistered tered
SIGNATURE										Ç.,		DATE				
<u></u>	Signature, typed or printed name of registered agent			egistered Ag	gent	l signature re	quired when			CHANCE	S TO O	FFICERS		DIREC	TORS	: IN 12
12.	OFFICERS AND	DIK	DELETE	1.1 TITLE											ie	Addition
TITLE	D CHARGOLY DENIALDY I		□ occeie	1.2 NAM		ļ	roi 1 Bend Bend	رب	4 J	'. Gv	†ুভা	nez	` . مو :) U		/ -3
NAME	GOTILITIES, TENALDI O					ADDRESS	1001 1	Brie	_ke1	1 Kei	1 Dri	VC T	. 50	,		
STREET ADDRESS	601 BRICKELL KEY DR SUITE 5	Uī				ADDRESS	Miar	- - -	Cı	221	21					
CITY-ST-ZIP	MIAMI FL 33131-2651		C NULTE	1.4 CITY		-ZIP	MIM	711)	<u>r</u> C	<u>ان د</u>	101			Chang	10	Addition
TITLE			☐ DELETE	2.1 TITLE											,0	
NAME				2.2 NAM												
STREET ADDRESS				2.3 STRE	EET	ADDRESS										
CITY-ST-ZIP				2.4 CITY		T-ZiP										- A 4495
TITLE -	a sast was seen		DELETE -	3.1 TITLE	E	*		-					!	Chang	e,	☐ Addition
NAME				3.2 NAM	E											
STREET ADDRESS				3.3 STR	EET	ADDRESS										
CITY-ST-ZIP				3.4. CITY	/-S	T-ZIP										
TITLE			☐ DELETE	4.1 TITLE	Ë								i	Chang	je	Addition Addition
NAME				4. 2 NAM	Æ											

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 receives 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 charged, or on ap attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

□ DELETE

. Bu tiennaz

☐ Change

Change

☐ Addition

Addition

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90098 043 ***150.00