## 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 # P96000068874

1. Corporation Name

EURO CARIBBEAN SERVICE, INC.

		_	
Principal	Place	of	Business

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90061 035 \*\*\*150.00



Principal Place	e or Business	Mailing Address								
	CAYNE BLVD STE. 4815 200 S. BISCAYNE BLVD STE. 4815									
MIAMI FL 33131	l •	MIAMI FL 33131			1		DO NOT WRIT	E IN THIS S	PACE	
					1 3	Date income	rated or Qualifed			
					"	08/19/199				Į.
		1 - 55.9° A.14				FEI Number	7 <b>0</b>	•		plied For
2. Principal Pl	lace of Business	2a. Mailing Address			4.				_ <del> `</del>	<del>`</del>
21		26				65-07351	<u> 59 ·                                     </u>		<del></del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certifcate of	Status Desired		\$8.75 / Fee Re	I
22	<u> </u>	27 City 8 Ctate			<del></del>		<u> </u>	<del>-</del>	<u>-</u>	·
City & State	e	City & State			6.		npaign Financing		\$5.00 Added t	
23	· · · · ·	28				Trust Fund C			_	o rees
Zip	Country	Zip	Zip Country				tion owes the curre			
24	25	29	30			Personal Pro			∐ <u>Yes</u>	□No
1	9. Name and Address of Current	Registered Agent			10.	Name and A	ddress of New R	egistered A	gent	
,	,			81 Name		1	7500	الاستان		
SALL	<del>ussolia, piero</del>			- HL	5 >2 k	NOKO	ZERIS	<u>ひんじ</u>		-
l	S. BISCAYNE BLVD., STE-4815	_		82 Street	Address (F	O. Box Num	ber is Not Acceptal	李 2	310	
l	M-FL 33131		ŀ	83	VC N	<u>ا يا را</u>	14 -2 -	71 42	<u></u>	
IVALCAN	W. I E 20101			°°  #=.	2310	· .				
			ŀ	84 City	- <u> </u>	•			85 Zip (	Code_
	$\sim$ $\sim$			\ <u>\</u>	LIELL	v)		FL	32	Code 31&1
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with and accept the obligation	and 607.1508, Florida Statut	tes, the at	ove-named	corporation	n submits this	statement for the	ourpose of cl	nanging its	registered
office or re	egistered adent, or both, in the State of	Florida. Such change was a	uthorized	by the corp	oration's be	pard of director	rs. I hereby accept	the appoint	ment as re	gistered
agent. I a	m familiar with and accept the obligation	ons of, Section 607.0505, Fig	noa Statu	tes.			,	122/20		
SIGNATURE	M'ALL WILL HI	E STANDAR C	<u>-e 101</u>	$\infty_{\mathcal{N}_{\mathcal{C}}}$	<u> </u>	···	<u> </u>	1411		\
	Signature, typed of printed name of registered agent a			Agent signature			HANCES TO OFF	TOPRO AND	DIRECTO	DS IN 12
12. ·	OFFICERS AND		13.			ADDITIONS/C	HANGES TO OFF		Change	Addition
TITLE	DPTS	☐ DELETÉ	1.1 TIT	L <del>E</del>	D	•			[_] Onlinge	
NAME	Sorda, Giuseppe		1.2 NA	ME	BUSSI	I, PAOLA	<b>\</b>			.
STREET ADDRESS	VIA ASSAROTTI 15/18 COD.		1.3 STI	REET ADDRESS	Sal.	Ubaldir	i 41/A			
CITY-ST-ZIP	GENOVA, ITALY		1.4 CI7	Y-ST-ZIP	Muggis	, Italy	,			
TITLE	D	☐ DELETE	2.1 TIT	.E	AS	<del>.,,</del>			Change	☐ Addition
			2.2 NA	ur	ZERBO	NE, ALE	SSANDRO			
NAME	RONCO, ROMEO	14			I .		enuúe, Ste	10%		ļ
STREET ADDRESS	SALITA DELLA PROVIDENZA 6/1	14		REET ADDRESS	1					ļ
CITY-ST-ZIP	GENOVA, ITALY			Y-ST-ZIP	Coral	Gables	<u>, FL 33146</u>		Change	Addition
TITLE	D	☐ DELETE	3.1 TIT	LE					☐ Change	L Addition
NAME	BORIN, GIUSEPPE		3.2 NA	ME						
STREET ADDRESS	VIA MOLFINO 13/15		3.3 ST	REET ADDRESS						ļ
CITY-ST-ZIP	GENOVA, ITALY		34 CF	ry-ST-ZIP						1
TITLE		☐ DELETE	4.1 TIT						Change	☐ Addition
	D STANCO CIOVANINI	L								}
NAME	FRANCO, GIOVANNI		4.2 N							Ì
STREET ADDRESS	VIA MAZZAREI 15 COD.			REET ADDRESS						. }
CITY-ST-ZIP	MUGGIA, ITALY		_	Y-ST-ZIP	Į					
TITLE	D	☐ DELETE	5.1 TIT						☐ Change	☐ Addition
NAME	FRANCO, MAURO		5.2 NA	ME					:	{
STREET ADDRESS	VIA MAZZAREI 15 COD.		5.3 ST	REET ADDRESS		•	•			ļ
i			5.4 CII	Y-\$1-ZIP			•			
CITY-ST-ZIP	MUGGIA, ITALY	☐ DELETE	6.1 TIT		<del> </del>		-		Change	Addition (
TITLE	D			•						
NAME	BUSSI, PAOLO		6.2 NA							1
STREET ADDRESS	SAL. UBALDINI 41/A		6.3 ST	REET ADDRESS	'					
CITY-ST-ZIP	MUGGIA, ITALY\		6.4 CR	Y-ST-ZIP	-					

CITY-ST-ZIP

MUGGIA, ITALY

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 of suppliemental 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: