

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 18 1998 8:00am
Secretary of State

DOCUMENT # P97000003528 (1)

1. Corporation Name

EURENOVO, INC.

Principal Place of Business

**815 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134**

Mailing Address

**815 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1997

4. FEI Number

65-0832691

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip **25** Country

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**LANGSTADT, OLIVER J
815 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

83

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.

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 **VPS** ☐ DELETE
NAME **LANGSTADT, OLIVER J**
STREET ADDRESS **815 PONCE DE LEON BLVD SUITE 200**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PT** ☐ DELETE
NAME **WINFRIED, MICH**
STREET ADDRESS **815 PONCE DE LEON BLVD SUITE 200**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

000002645650
-09/22/98--01005--026
*****150.00**

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.

SIGNATURE:

OLIVER J. LANGSTADT

7/15/98

30615667

CR2E034 (5/98)

7/2

RODRIGUEZ LANGSTADT & AGUERO

Attorneys at Law
A Partnership of Professional Associations

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Gladys Aguero

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Telefax: (305) 461-4885

31 July, 1998

Secretary of State
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: EURENOVO, INC.
P97000003528

Dear Sir or Madam:

Please be advised that I am the registered agent for Eurenovo, Inc. Please be advised that I never received, via mail, the first request to file an annual report which required a filing fee of \$150.00. I acknowledge receipt of the second request for annual report, but, such second request requires a filing fee of \$550.00. In light of the fact that I did not receive the first request for annual report and, I have not changed my address in the last two years, I can only assume that the mail never reached me, or that the documents were lost in the mail.

In light of such, it is respectfully requested that my client be permitted to pay the sum of \$150.00 as the annual report filing fee, rather than the \$550.00 requested.

Thank you for your kind cooperation in this matter and should you have any questions or concerns, please do not hesitate to contact me.

RODRIGUEZ LANGSTADT & AGUERO

OJL:al
Pc: Client


OLIVER J. LANGSTADT, ESQUIRE