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P**R**OFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067261 (2)

## FILED May 20 1998 8:00am Secretary of State

EURO - N, INC. Principal Place of Business Mailing Address 1731 SW 75 AVE ROAD 1731 SW 75 AVE ROAD MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees •Zip Country 8. This corporation owes or has paid the current year Intaggible 25 29 30 Personal Property Tax due June 30. ☐ Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **NUTZU, EUGENE** 1731 SW 75 AVE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** 63 84 City Zip Code 85 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 (NOT): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change NAME **NUTZU, EUGENE** 1.2 NAME 1731 SW 75 AVE ROAD STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 14 City-St-7iP DELETE 2.1 TITLE TITLE NUTZU, ROBERT F NAME 2.2 NAME 1731 SW 75 AVE ROAD 2.3 STREET ADDRESS STREET ADDRESS **MIAM! FL 33155** CITY-ST-ZIP 2. 4 CITY-ST-ZiP DELETE ☐ Change ■ Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 JITLE Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Addition Change 61 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP to this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tunnual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an over or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplindicated on this annual report or surplindicate of director of the corporation of

Block 12 or Block 13 if changed, or of the affactment with an address.