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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # P97000090621 (8)

**EUROSTRAT GLOBAL, INC.** 

Principal Place of Business	Mailing Address
3767 N.E.168TH MIAMI BEACH FL 33160	P.O. BOX 600262 NORTH MIAMI BEACH FL 33160

## **FILED** May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
3767 N.E.168TH MIAMI BEACH FL 33160			P.O. BOX 600262 NORTH MIAMI BEACH FL 33160					
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address						10/16/1997		
<del></del> -	ace of Business	2a. Mailing Address				4. FEI Number Applied For Not Applied For Not Applied For		
Suite Ant # etc		Suite Apt # etc						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		City & State						
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	Country		8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. A, Yes No		
1	9. Name and Address of Curren		11		······································	10. Name and Address of New Registered Agent		
PES	SETSKY, WALTER S			81	Name			
	B7 N.E. 162ND STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	RTH MIAMI BEACH FL 33162			"	Direct Mout	(1.0. Bux (quillus) is raut Acceptable)		
				83	•			
				84	City	IAPL 7:- As it		
				04	City	FL 85 Zip Code		
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Stati	utes, the al	bove-	named corp	poration 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 age	<del> </del>		d Agen	t signature requir	red when reinstaling) DATE		
12.	OFFICERS AN	· · - · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D CDADONII A I	☐ DELETE	1.1 Tr			☐ Change ☐ Addition ☐		
NAME				2 NAME				
STREET ADDRESS	S 3767 N.E. 168TH STREET NORTH MIAMI BEACH FL 33160			1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	NONTH MIAMI BEACH FL 33	DELETE	1.4 CI 2.1 TO	TV-ST-	- ZIP	Change Addition		
NAME						Change C Addition		
			2.2 N/		22200			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		2.4 DELETE 3.11		ITY-ST TJF	- ZIP	Change Addition		
NAME			3.2 N/			C Charles Addition		
STREET ADDRESS			II -		DORESS			
CITY-ST-ZIP				ITY-ST				
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NAME			4. 2 N					
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NAME		_	5.2 NA		1			
STREET ADDRESS					DDAESS			
CITY-ST-ZIP				TY-ST-	1			
TITLE		DELETE	6.1 TII			☐ Change ☐ Addition		
NAME			6.2 NA			_ · -		
STREET ADDRESS	<b>.:</b>				ODRESS /			
CITY-ST-ZIP	•			TY-ST-				
	<del></del>							

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.