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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S34899

1. Corporation Name

1410 EULICID AVENUE, INC.

Principal Place of Business

Mailing Address (same)

1410 EULICID AVENUE
P.O. Box 1451
MIAMI BEACH, FL 33119

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3/1/1991	3a. Date of Last Report 5/1/94
4. FEI Number 31-9687538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country

9. Name and Address of Current Registered Agent Einhorn, Shalom 1606 Pennsylvania Ave. STE # 2 MIAMI BEACH, FL 33139	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 _____ DATE _____
Signature, print or typed name of registered agent and title (if any) (607.0505)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Einhorn, Cila	1.2 NAME	
STREET ADDRESS	137 Prinzregenten ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MUNICH, GERMANY	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Einhorn, Shalom	2.2 NAME	600001525416
STREET ADDRESS	1606 PENNSYLVANIA AVE. # 2	2.3 STREET ADDRESS	-06/28/95--01025--023
CITY-ST-ZIP	MIAMI BEACH, FL	2.4 CITY-ST-ZIP	***225.00 ***225.00
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information required with this form is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or biannual report is true and accurate and that my signature shall have the same legal effect as it would in other cases. 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 as a change, or on an addition of name or address.

SIGNATURE: Einhorn Shalom 5/24/95 305-5827160
PRINT NAME AND TYPE OR PRINT NAME OF REGISTERED OFFICER OR DIRECTOR