

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 3:27

DOCUMENT # S72150 (3)

1. Corporation Name

EURO-STRADE USA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8732 SUMMERVILLE PLACE
ORLANDO FL 32819

Mailing Address
8732 SUMMERVILLE PLACE
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/09/1991
3a. Date of Last Report 04/13/1994

4. FEI Number 59-3081291
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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3601 Vineland Road

26 3601 Vineland Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2

27 Suite 4

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Zip

Country

Country

24 32811

29 32811

25 U.S.A.

30 U.S.A.

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Maurice Mottie

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

3601 Vineland Road Suite 4

83

84 City

Orlando

FL

85 Zip Code 32811

11. Pursuant to the provisions of Section 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 the agent's address

(NOTE: Registered Agent signature required when registering)

DATE

2-27-95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DPS	MOTTIE, MAURICE	SLACHTHUISLAAN 74, 2000	ANTWERPEN, BELGIUM
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DPS	Mottie, Maurice	9705 Deacon Circle	Windermere, FL 34786	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	☐	☐

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 in an attachment with an address.

SIGNATURE: X

Signature typed or printed name of officer or director

2-27-95