

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S72150** (3)

1. Corporation Name

EURO-STRADE USA, INC.



Principal Place of Business

**3601 VINELAND ROAD
SUITE 2
ORLANDO FL 32811
US**

Mailing Address

**3601 VINELAND ROAD
SUITE 4
ORLANDO FL 32811
US**

2. Principal Place of Business

2a. Mailing Address

21 **2355 W. Colonial Drive**

26 **2355 W. Colonial Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Orlando, Florida**

28 **Orlando, Florida**

Zip

Country

Zip

Country

24 **32804**

25 **USA**

29 **32804**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/09/1991

3a. Date of Last Report
03/02/1995

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

10. Name and Address of New Registered Agent

**MOTTIE, MAURICE
3601 VINELAND ROAD SUITE 4
SUITE 105
ORLANDO FL 32811**

81 Name

MOTTIE, MAURICE

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

2355 W. Colonial Drive

83

84 City

Orlando

FL

85 Zip Code
32804

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's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE
NAME **MOTTIE, MAURICE**
STREET ADDRESS **9705 DEACON CIRCLE**
CITY-STATE-ZIP **WINDERMERE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DPS** ☒ Change ☐ Addition
1.2 NAME **Mottie, Maurice**
1.3 STREET ADDRESS **6348 Deacon Circle**
1.4 CITY-STATE-ZIP **Windermere, FL 34786-8938**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 on an attachment with an address.

SIGNATURE: **M. MOTTIE** *Mottie* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96
DATE

298 700
FILING FEE

CR2E034 (12/95)