SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # S92352

(1)

THE EUROPEAN-AMERICAN CHAMBER OF COMMERCE OF FLO RIDA, INC.

FILED Sep 02 1997 8:00am Secretary of State



Frincipal Place	o o pusi ies		Mailing Address												
141 SEVILLA AVENUE RLA BUILDING CORAL GABLES FL 33134				141 SEVILLA AVENUE RLA BUILDING CORAL GABLES FL 33134					ļ	DO NOT WRITE IN THIS SPACE					
				THE PROPERTY IN STREET					F	3. Date Incorporated or Qualified 3a. Date of Last Repo					٦
										11/06/1991		05/19		,p4.1	
2. Principal Place of Business				2a. Mailing Address						4. FEI Number	1 02/	<u> </u>		plied For	┨
21				26						65-0382594		\vdash	$+ \cdot \cdot \cdot$	Applicable	Η.
Suite, Apt. #, etc.				Suite, Apt. #, etc.						CO 75 A 1888					┨
22				27					l	Certificate of Status Desired				guired	l
City & State				City & State						6. Election Campaign Financing				May Be	4
23				28					1	Trust Fund Contribution	П			may be oFees	
Zip Country				 			Country	/	8. This corporation owes or has paid the current year			-		7	
24	25			29 30			1 .			Personal Property Tax due June 30. Yes No					
	9. Name	and Address of	f Current R		tered Agent					10. Name and Address of New Re			-=		7
LEV	ITT, RONA	LD.		•			81	Name							7
	SEVILLA								4 1 1	(0.0 p.).					4
CORAL GABLES FL 33134							82	Street	et Address (P.O. Box Number is Not Acceptable)						1
001	ne ondu	2012 00104					83	 							┨
							\ \ \			<u> </u>					J
							84	City			FL	85	Zip C	ode	7
44 Purpupat t	o the provie	vions of Sections	607.0503.2	nd fil	07 1609 Etorida	Ctatulan	the above	o_named	Learner	ation submits this statement for the p		changi	no ile	registered	+
office or re	egi ste red ag	gent, or both, in	the State of	Florig	da. Such change	was auth	orized by	y the corp	poration	's board of directors. I hereby accep	t the appo	intmen	it as	registered	
agent. I ar	m familiar wi	ith, and accept I	he obligatio	ns of	t, Section 607.05	05, Florid	a Statute	S.							
SIGNATURE .	Singetire types	d or printed hame of re	nickund exect Br	nd litto	# applicable	MOTE B	oistered Age	ent e goglure	o roo irod .	when reinstaling)	DATE				
12.	Orginaldro, lypec		ERS AND D			(MCZIT IN	13.	om signature	e redoired y	ADDITIONS/CHANGES TO OFFICE		DIREC	TOR	S IN 12	16
TITLE	D				DELE	TE	1.1 TITLE		1			Char		Addition	- [
NAME	LEVITT.	RONALD L.			_		1,2 NAME						•	_	
STREET ADDRESS		W. 119TH ST.						ADDRESS	1						8
CITY-ST-ZIP	MIAMI F						1.4 CITY - S								Ę
TITLE	D				DELE	TE	2.1 TITLE	I F Z II	 			Char	nde	Addition	16
NAME	LEVITT.	GERALDINE					2.2 NAME						•		
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	MIAMI F						2 4 City-								
CITY-ST-ZIP TITLE	D	-			DELE	TF	3.1 TITLE	31- LIF	 -			Char		Addition	4
NAME	_	HOWARD					3.2 NAME				!	Visal	, Mary		-
STREET ADDRESS		S.W. 94TH TER	RACE				3.3 STREET	ADDDECC)						Ì
	MIAM! F		4 10 6				1								
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NAME					_ ,,,,,,		4.7 ITTLE						.gu		
STREET ADDRESS							4.2 NAME	Annecee							
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NAME PERCET APPROPRIE							5.2 NAME	ADDRESS							
STREET ADDRESS							5.3 STREET								
CITY-ST-ZIP					DELE	TE	5.4 CITY - S	1 - ZIP	 			☐ Char		Addition	+
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NAME							6.2 NAME								
STREET ADDRESS								REET ADDRESS							
CITY-ST-ZIP	·.						6.4 CITY - S	I - ZIP	<u></u>						╝

14. I do 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 armula 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 3 if changed or an attachment with an address.