FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V71396** **(8)**

1. Corporate Name
AUITAECOCO (EUCLID) CORP.

Principal Place of Business:
% DEAN ZIFF
2999 BRICKELL AVENUE
MIAMI FL 33129

Mailing Address:
% DEAN ZIFF
2999 BRICKELL AVENUE
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/15/1992**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **65-0371972** — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZIFF, DEAN **2999 BRICKELL AVENUE** **MIAMI FL 33129**	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 607.0505 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. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST. ZIP	D ZIFF, DEAN 2999 BRICKELL AVENUE MIAMI FL	TITLE NAME STREET ADDRESS CITY, ST. ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST. ZIP	D VICTORIA, FRANCISCO 6830 S.W. 65TH STREET MIAMI FL	TITLE NAME STREET ADDRESS CITY, ST. ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST. ZIP		TITLE NAME STREET ADDRESS CITY, ST. ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY, ST. ZIP		TITLE NAME STREET ADDRESS CITY, ST. ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, if voluntarily furnished, will be used solely for the purposes stated in Section 119.07(3)(aa), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report, if required to be filed, will be the same as that reflected in the most recent record of the corporation on file with the Division of Corporations, or the officer or director empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof or is attached with an asterisk.

SIGNATURE: Dean Ziff, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305/856-0323
DAYTIME PHONE #

0128730 CP