

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 # 641920 (4)

1. Corporation Name
EUROPEAN WOODCRAFT & MICA, INC.



Principal Place of Business: 1700 DEPOT AVENUE BAY #7 DELRAY BEACH FL 33444
Mailing Address: 1700 DEPOT AVENUE BAY #7 DELRAY BEACH FL 33444

3. Date Incorporated or Qualified: 10/25/1979
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business 101 S. CONGRESS AVE Suite, Apt. #, etc. DELRAY Beach City & State FL. BAY #7 Zip 33445	26	2a. Mailing Address 101 S. CONGRESS AVE Suite, Apt. #, etc. BAY #7 City & State DELRAY Beach FL Zip 33445	29	Country W.P.B.	30	Country W.P.B.	4. FEI Number 59-1951641	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
22	22	27	27	28	28	28	28	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
23	23	27	27	28	28	28	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	24	25	25	29	29	29	29	30	30	30

9. Name and Address of Current Registered Agent GREENSPOON, GERALD GREENSPOON & MARDER, P.A. 6700 N. ANDREWS AVE. FT. LAUDERDALE FL 33309				10. Name and Address of New Registered Agent			
81 Name				81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)				82 Street Address (P.O. Box Number is Not Acceptable)			
83				83			
84 City				84 City			
85 Zip Code				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDT	GIULIETTI, ANTONIO	<input type="checkbox"/> DELETE	1.1 TITLE	GIULIETTI, ANTONIO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	1700 DEPOT AVENUE BAY #7	101 S.		1.2 NAME	101 S. CONGRESS AVE		
STREET ADDRESS	DELRAY BEACH FL			1.3 STREET ADDRESS	DELRAY BEACH FL. 33445		
CITY-ST-ZIP	VSD	GIULIETTI, FELICE	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	VSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	1700 DEPOT AVENUE BAY #7	DELRAY BEACH FL		2.1 TITLE	GIULIETTI, FELICE		
NAME				2.2 NAME	101 S. CONGRESS AVE		
STREET ADDRESS				2.3 STREET ADDRESS	DELRAY BEACH FL. 33445		
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	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			<input type="checkbox"/> DELETE	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			<input type="checkbox"/> DELETE	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			<input type="checkbox"/> DELETE	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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jerry Giulietti DATE: 4/22/96 (407) 265-2225

CR2E034 (12/95)