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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000004427 (0)

1. Corporation Name
EUNETCOM, INC.



Principal Place of Business: 2 TRAP FALLS RD. SHELTON CT 06484
Mailing Address: 2 TRAP FALLS RD. SHELTON CT 06484-4616

3. Date Incorporated or Qualified: 08/25/1994
3a. Date of Last Report: 02/07/1996
4. FEI Number: 06-1402245
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: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country
2a. Mailing Address: 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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 607.0502 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 applicable

(NOTE: Registered Agent's signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PDC <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHLUTER, WILHELD | 1.2 NAME | |
| STREET ADDRESS | 1 PLACE DE LA COUPOLE, CEDEX 16 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | DEFENSE FR | 1.4 CITY - ST - ZIP | |
| TITLE | DDC <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALAVAREZ, RAMON | 2.2 NAME | |
| STREET ADDRESS | 1 PLACE DE LA COUPOLE, CEDEX 16 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | 92094 PARIS LA DEFENSE FRANC | 2.4 CITY - ST - ZIP | |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POURCIN, LAURE | 3.2 NAME | |
| STREET ADDRESS | 888 SEVENTH AVENUE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | NEW YORK NY | 3.4 CITY - ST - ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARULLI, JOSEPH | 4.2 NAME | |
| STREET ADDRESS | 2 TRAPS FALLS ROAD | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | SHELTON CT | 4.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FERREBOEUF, HUGUES | 5.2 NAME | |
| STREET ADDRESS | 1 PLACE DE LA COUPOLE, CEDEX 16 | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | 92094 PARIS LA DEFENSE FRANC | 5.4 CITY - ST - ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WATSON, JOHN | 6.2 NAME | |
| STREET ADDRESS | 1 PLACE DE LA COUPOLE, CEDEX 16 | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | 92094 PARIS LA DEFENSE FRANC | 6.4 CITY - ST - ZIP | |

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

0001846