SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:52

DOCUMENT # P94000073097 (5)

1. Corporation Name
CENTRAL EUROPE MARKETING, INC.

Principal Place of Business	Mailing Address
10 N.E. 3RD ST. FT. LAUDERDALE FL 33301	10 N.E. 3RD ST. FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1994
3a. Date of Last Report:

2. Principal Place of Business
21: c/o English, McCaughan & O'Bryan
22: 100 Northeas tThird Avenue
23: Fort Lauderdale, FL
24: 33308 — 25: Country: USA

2a. Mailing Address
26: THE PRINCIPAL
27: Suite, Apt. #, etc.
28: PLACE OF BUSINESS AND
29: MAILING ADDRESS ARE THE SAME
30: Country

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. [illegible] ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~POPOW, EUGENE G~~
~~10 N.E. 3RD ST.~~
~~FT LAUDERDALE FL 33301~~

10. Name and Address of New Registered Agent

81 Name: EMO CORPORATE SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 100 N.E. Third Avenue, Suite 1100
83:
84 City: Fort Lauderdale — FL — 85 Zip Code: 33301

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] Assistant Sec. 6/12/95
(Signature, typed or printed name of registered agent and title if applicable) (Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KREYER, NORBERT
STREET ADDRESS	10 N.E. 3RD ST.
CITY ST ZIP	FT LAUDERDALE FL 33301

13.

11 TITLE	P/S/T	☐ Change	☒ Addition
12 NAME			
13 STREET ADDRESS			
14 CITY ST ZIP			
21 TITLE		☐ Change	☐ Addition
22 NAME			
23 STREET ADDRESS			
24 CITY ST ZIP			
31 TITLE		☐ Change	☐ Addition
32 NAME			
33 STREET ADDRESS			
34 CITY ST ZIP			
41 TITLE		☐ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY ST ZIP			
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY ST ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY ST ZIP			

CR2E034 (3/95)

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, added or deleted.

SIGNATURE: [signature] Norbert KREYER 6/6/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

NORBERT KREYER, President

(305) 779-7103

0071132 CP