## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P94000073097	(5)

## CENTRAL FUROPE MARKETING, INC.

CENTRAL EUROPE WARKETING, INC.										
Principal Place of Business Mailing Address		Mailing Address					1 10911001 HD 181H WWW 071H 0841	A MAIN MAIN A	TEAT IIIII APIIA	1884 1 <b>991 188</b> 4
100 NE THIRD AVE 100 NE 31 FT LAUDERDALE F 33308 FT LAUDE		100 NE 3RD AVE FT LADUERDALE FL				Date Incorporated or Qualified	<b>3a.</b> Da	te of Last Re	port	
US		US	05				10/05/1994	(	06/15/199	5
2. Principal Plac	e of Business	2a. Mailing Address					4. FEI Number  APPLIED FOR (S)	-0587	2F1 A	Applied For Not Applicable
Sulte, Apt. #, 22 SUU		Suite, Apt. #, etc. [27] Suull	7 Suith 1100				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		Oity & State					6. Election Campaign Financing Trust Fund Contribution		•	May Be I to Fees
Zip <b>24</b>	Country 25	Ζφ <b>29</b>	30	ountry			8. This corporation has liability for Florida Statutes		tax under s	199.032,
	9. Name and Address of Curr	ent Registered Agent		[ <u>,</u>			10. Name and Address of New F	legistered	J Agent	
_				81	Name					
ÉMO COI 100 NE 3	PORATE SERVICES INC			82	Street	Addres	s (P.O. Box Number is Not Acceptal	xle)		
STE 1100				83						
	ERDALE FL 33301			84	City				85 Zip	Code
					-			<u> </u>		
11. Pursuant to or registered familiar with	the provisions of Sections 607.05 d agent, or both, in the State of Fic , and accept the obligations of, Se	02 and 607.1508, Florida Statu orida. Such change was authori oction 607.0505, Florida Statute	ites, the abo ized by the i es.	orpe corpe	amed co oration's	orporati board	on submits this statement for the pu of directors. I hereby accept the app	rpose of cl ointment a	nanging its re is registered	agistered office agent. I am
SIGNATURE	gnature, typed or priviled name of registered ag	ent and title in applicable (N	Olit Registered	l Agen	t sgnature r	required w	rken reinstatii ശ്ല)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OF	ICERS AN		
TITLE	PST .	☐ DELETE	1.11			$ \mathcal{D} $			Change	Addition
NAME	KREYER, NORBERT		1.2 N							
STREET ADDRESS	10 N.E. 3RD ST.			STREET ADORESS		1				
CITY-ST-ZIP TITLE	FT LAUDERDALE FL	[7] DELETE	2.1	ITY-S	I - ZIP				Change	Addition
NAME			221						<u></u>	
STREET ADDRESS					ADDRESS					
CITY-\$T-ZIP				ITY-S						
TITLE		DELETE	3.1						Change	Addition
NAME			32 N	IAME	•					
STREET ADDRESS			3.3	STREET	ADDRESS					
CITY-ST-ZIP			3.4 0	IIY-S	1-ZIP					
TITLE		DELETE	4.1	HTLE					Change	Addition
NAME			4.2 N	AME						
STREET ADDRESS			4.3 \$	TREET	ADDRESS					
CITY - ST - ZIP			4.4 (	ITY-S	T-ZIP	ļ.,				
TITLE		DEL ETE	5.1				എല്ലാനന 4 ന	<b></b>	Change	Addition
NAME				IAME			2000018: -05/24/9601		104 114	
STREET ADDRESS			539	TREET	ADDRESS		***225.00	J.3U-**(	114	
CITY-ST-ZIP		FT DE DEC			1 - ZIP		<u> ምምምርረጋ, UU</u>			[TT] Addition
TITLE		DELETE		TITLE					Change	Addition
NAME				IAME						
STREET ADDRESS					ADDRESS					
City-S1-ZIP		_	640	OTY-9	1 - ZIP	1				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Soction 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this angular report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undor oath; that I am an officer or diselect of the convertion or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-86

934) 117 -

Daytime Phone