FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V51707**

EUROIMAGE, INC.

Mailing Address Principal Place of Business 913 DIPLOMAT PARKWAY 913 DIPLOMAT PARKWAY HALLANDALE FL 33009 HALLANDALE FL 33009 DO NOT WRITE IN THIS SPACE us 3. Date Incorporated or Qualifed 07/16/1992 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 65-0343492 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Country Zip 8. This corporation owes the current year Intangible Zio □No 30 Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent POPESCU. ENRICO Street Address (P.O. Box Number is Not Acceptable) 913 DIPLOMAT PARKWAY HALLANDALE FL 33009 83 85 Zip Code 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE POPESCU, ENRICO 1.2 NAME NAME 913 DIPLOMAT PARKWAY 1.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 2.1 TITLE Change TITLE POPESCU, ILEANA 2.2 NAME NAME 913 DIPLOMAT PARKWAY 2.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 61 TITLE Change

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)

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FILED

May 07, 1999 8:00 am Secretary of State

05-07-1999 90149 031 ***150.00