	PLICATION	FLORIDA DEPARTMEN Jim Smith	DA DEPARTMENT OF STATE Jim Smith		AND FILED		
FOR			Secretary of State		98 MAR 19 PM 2: 50		
	Brack Instructions on Other Side Belore Making Entries			SECRETARY OF STATE			
Make Check Payable To: Department of State 1. Name and Mailing Address of Corporation: DOCUMENT # 450919				IALLAHASSEE, FLORIDA 2. If Address in Block 1 is incorrect in any way, enter the correct addres below. The NAME of the corporation can be changed only by filing amendment.			
EUROWORLD, MIAMI INC 6960 N.KENDALL DRIVE				Address 3000024669134 -03/24/9801090003			
м	IAMI FLORIDA 33156	•		Address 3		****500.00 3134 1990004	
lf th	is corporation is a non-pro	ofit with I.R.S.		Cily and State	****500,00	****\$00.00	
501	501(c)(3) tax exempt status, check this box				Zip Code ====================================		
	corporated or Qualified Business in Florida 1974					per Not Applicable	
5. Names	and Street Addresses of Each Officer and/		. Address of Each		· · · · · · · · · · · · · · · · · · ·		
Title	Names of Officers and/or Directors	Offic 3 (Do NOT Use	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City and S	ate	
P	MARK EDWARDS	119 BERW WELLING			KENT, DA16 1	RL ENGLANI	
VP	RUDOLPH BROWD	6960 N.I	KENDALL I	DRIVE	MIAMI FLORI	DA 33156	
T	CLIVE EDWARDS	119 BERW WELLING	119 BERWICK RD WELLING		KENT, DA16 1	RL ENGLANI	
			SPIPERCIT	ATTENT 94-98" 4. Ulffings			
		5					
	This corporation has liabil For intangible tax informa	ity for intangible tax under a tion call Department of Reve	ection 199.03 enue 904-488	2, Florida S -6800.		No	
	REGISTERED AGENT IN	FORMATION		7. Name and	Address of New Registered Age	nt	
	6. Name and Address of Current		Name				
Rudolph Browd			Street Address (Do NOT Use P.O. Box Number)				
	6960 N. Kendall D Miami, FL 33156	rive	Street Address (Do NOT Use P.O. Box Number)				
	_		City and State		FL.	Zip Code	
8. I, bein	g appointed the registered agent of the abo	ove named corporation, am familiar with	and accept the oblig	ations of section	607.0505, F.S.		
Signature Registere	e ofe	REGISTERED AGENT MUS	TSIGN	2	Date Man	<u>ch 17, 19</u>	
reinstater	ly that I am an officer or director or the rece ment application the reason for dysolution bration have been paidy Type into mation and	has been eliminated, the corporate name	e satisfies the requir	ements of sectio	n 607.0401 or 617.0401, F.S., and	j that all lees owed by	
Signature Officer of	of MAR	M Date 20	o FEB	. Phone #.	181 304 28		
Typed or	printed name of signing officer or director_	MARK	EDWA	ROSPI	resident		
10. Shou	ld you desire a certificate of status check th		ATE OF STATUS D			75 Additional Lee required for a	

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