


**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90006 018 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H54088</b> 1. Corporation Name <b>EUROPEAN VEHICULAR EQUIPMENT, INC.</b>					
Principal Place of Business 16058 NE 21ST AVE. N. MIAMI BCH. FL 33162			Mailing Address 16058 NE 21ST AVE. N. MIAMI BCH. FL 33162		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>14905 South Spur Drive</b> Suite, Apt. #, etc.			2a. Mailing Address 26 <b>P.O. Box 600550</b> Suite, Apt. #, etc.		
23 <b>Miami, FL</b> City & State Zip Country			27 <b>Miami, FL</b> City & State Zip Country		
24 <b>33161</b> Zip			29 <b>33160-0550</b> Zip		
9. Name and Address of Current Registered Agent <b>SAMEE, DAVID L.</b> <b>13352 SW 128 STREET</b> <b>MIAMI FL 33186</b>			10. Name and Address of New Registered Agent 81 Name <b>Michael M. Miller</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>10101 S.W. 138 Street</b> <b>Miami, FL</b> 85 Zip Code <b>33176</b>		
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 <i>[Signature]</i> <b>Michael M. Miller</b> <b>March 31, 1999</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>KROIS, HERBERT</b> STREET ADDRESS <b>16058 NE 21ST AVE.</b> CITY-ST-ZIP <b>N. MIAMI BCH. FL 33162</b>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
TITLE <b>VP</b> <input type="checkbox"/> DELETE NAME <b>KROIS, CAROLE</b> STREET ADDRESS <b>16058 NE 21ST AVE.</b> CITY-ST-ZIP <b>N. MIAMI BCH. FL 33162</b>					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					

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.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Carole Krois**

**March 31, 1999** **305 354 8211**  
 Daytime Phone #

CR2E034 (1/1/98)