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

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90001 017 ***317.50

0359115

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J80779

1. Corporation Name
EURO HOMES, INC.

Principal Place of Business	Mailing Address
277 ROYAL POINCIANA WAY STE 102 PALM BEACH FL 33480 US	P.O. BOX 2558 PALM BEACH FL 33480 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1987

2. Principal Place of Business 21 249 PERUVIAN AVE	2a. Mailing Address 26
Suite, Apt. #, etc. 22 STE F-5	Suite, Apt. #, etc. 27
City & State 23 PALM BEACH FL	City & State 28
Zip 24 33480 Country 25 U.S.A	Zip 29 Country 30

4. FEI Number: 65-0009147 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CIOMEK, ZDZISLAW 125 WORTH AVE STE 318 PALM BCH FL 33480	81 Name: CIOMEK, ZDZISLAW 82 Street Address (P.O. Box Number is Not Acceptable): 249 PERUVIAN AVE 83 STE F-5 84 City: PALM BEACH FL 85 Zip Code: 33480

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 V
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	CIOMEK, ZDZISLAW		1.2 NAME	CIOMEK, ZDZISLAW	
STREET ADDRESS	277 ROYAL POINCIANA WAY, STE 102		1.3 STREET ADDRESS	249 PERUVIAN AVE, STE F-5	
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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 REQUIRED 01/14/99 (561)655 5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #