


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

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Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K94323 (8) 1. Corporation Name EURO HEALTH & BEAUTY, INC.					
Principal Place of Business 11281 INTERCHANGE CIRCLE SOUTH MIRAMAR FL 33025 US			Mailing Address 11281 INTERCHANGE CIRCLE SOUTH MIRAMAR FL 33025 US		
2. Principal Place of Business 21 9236 AMARWOOD CIRCLE Suite, Apt. #, etc. 22 City & State 23 DAVIE FL Zip 24 33328		2a. Mailing Address 26 To Box 290128 Suite, Apt. #, etc. 27 City & State 28 DAVIE FL Zip 29 33329		3. Date Incorporated or Qualified 06/08/1989 4. FEI Number 65-0128172 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CARLISLE, DAVID R. P.A. ONE BRICKELL SWAURE, 24TH FLOOR 801 BRICKELL AVENUE MIAMI FL 33131			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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 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 D NAME MONTALAND, YVES STREET ADDRESS 11281 INTERCHANGE CR S CITY-ST-ZIP MIRAMAR FL TITLE PD NAME MONTALAND, GILLES STREET ADDRESS 11281 INTERCHANGE CR SOUTH CITY-ST-ZIP MIRAMAR FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE

01. 09 98 (954) 422 2450

CR2E034 (10/97)