

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L20198** (2)  
1. Corporation Name  
**EUROPE INTERNATIONAL GROUP, INC.**



Principal Place of Business <del>4604 BRANDY WINE DRIVE</del> <del>BOCA RATON FL 33487</del> <del>US</del>	Mailing Address <del>4604 BRANDY WINE DRIVE</del> <del>SUITE A 7</del> <del>BOCA RATON FL 33487</del> <del>US</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>61 Spanish St.</b> Suite, Apt. #, etc. 22 City & State 23 <b>St. Augustine Fl.</b> Zip 24 <b>32084</b> Country 25 <b>FL.</b>		2a. Mailing Address 26 <b>61 Spanish St.</b> Suite, Apt. #, etc. 27 City & State 28 <b>St. Augustine</b> Zip 29 <b>32084</b> Country 30 <b>FL.</b>		3. Date Incorporated or Qualified <b>09/29/1989</b>	3a. Date of Last Report <b>08/05/1996</b>
				4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GIRALDO, CECILIA</b> <b>4604 BRANDY WINE DR.</b> <b>BOCA RATON FL 33487</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>61 Spanish St.</b> 83 84 City <b>St. Augustine</b> FL 85 Zip Code <b>32084</b>	
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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 *Cecilia Giraldo* 9/15/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIRALDO, FERANDO</b>	1.2 NAME	
STREET ADDRESS	<del>4604 BRANDY WINE DR.</del>	1.3 STREET ADDRESS	<b>61 Spanish St.</b>
CITY-ST-ZIP	<del>BOCA RATON FL</del>	1.4 CITY-ST-ZIP	<b>St. Augustine Fl. 32084</b>
TITLE	PVD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIRALDO, CECILIA</b>	2.2 NAME	
STREET ADDRESS	<del>4604 BRANDY WINE DR.</del>	2.3 STREET ADDRESS	<b>61 Spanish St.</b>
CITY-ST-ZIP	<del>BOCA RATON FL</del>	2.4 CITY-ST-ZIP	<b>St. Augustine Fl. 32084</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *[Signature]* 9/15/97

CR2E034 (4/97)