
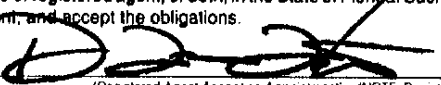
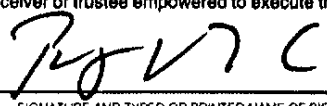


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 MAY -1 AM 6:51 SECRETARY OF STATE TALLAHASSEE FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1 Name and Mailing Address of Limited Liability Company EURO-MED TRADING COMPANY, L.C. P.O. BOX 1328 TALLAHASSEE FL 32302		DOCUMENT # L96000000350		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>		1a. Principal Place of Business Address 216 W. COLLEGE AVENUE SUITE 202 TALLAHASSEE FL 32301		
2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 03/27/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL
City & State		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> <small>SB 75 Additional Fee Required</small>
7. Name and Address of Current Registered Agent LANGSTON, D. LANCE ESQ XXXXXSHORTXSTREET TALLAHASSEEXXXXXX 1017 Thomasville Road Suite C Tallahassee FL 32303			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE  DATE 5.1.97 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGR	VANDERCREEK, WILLIAM	P.O. BOX 1328 N/A		TALLAHASSEE FL 32302-1328
MGR	VANDERCREEK, PETER D	P.O. BOX 10404 N/A P.O. Box 10404		TALLAHASSEE FL 32302-2404
7000002167497--6 -05/06/97--01072--082 ****203.75 ****203.75				
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:  Peter VanDercreek 5/1/97 425-5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone</small>				