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PROFIT **CORPORATION ANNUAL REPORT** 

1997



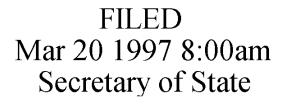
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M70261

RECHTSCHAFFEN GROUP & ASSOCIATES, INC.

EUROMANAGE MENT & AUDI & ASSOC /ATES INC





| Principal Place | e of Business   | Mailing A                                  | Mailing Address                     |                        |                |  |  |             |             |                                       |  |
|-----------------|---|--|-------------------------------------|------------------------|----------------|--|--|-------------|-------------|---------------------------------------|--|
| 5055 COLLINS    |   |  | LINS AVE. #PH-C                     |                        |                |  | 1  |             |             |                                       |  |
| MIAMI BCH. FL   | . 93140   | MIAMI BO                                   | iH. FL 33140-2754                   |                        |                |  | <b>)</b> !   |             |             |                                       |  |
| :               |   |  |                                     |                        |                |  | a. Date Incorporated or Qualified  | I an Dat    | o of Lec    | Papart                                |  |
|                 |   |  |                                     |                        |                |  | 3. Date Incorporated or Qualified 3a. Date of Last Report 03/02/1988 03/20/1996  |             |             |                                       |  |
| 2. Principal Pi | ace of Business   | 20 Mailir                                  | ng Address                          |                        |                |  | 4. FEI Number  | 1 0012      |             | Applied For                           |  |
| 21              | BOO O. Businoog   | F  | 26                                  |                        |                |  | 65-0144479   |             |             | Not Applicable                        |  |
| Suite, Apt.     | # etc   |  | Suite, Apt. #, etc.                 |                        |                |  | SR 75 additional   |             |             |                                       |  |
| 22              | # <sub>1</sub> 0.00.  | <b>├-</b> ₁                                | 27                                  |                        |                |  | <ol><li>Certificate of Status Desired</li></ol>  | X           |             | Required                              |  |
| City & State    |   |  | State                               |                        |                |  | 0.51-11-0-11-1   |             |             | '                                     |  |
| 23              |   | 28   | Claro                               |                        |                |  | Etection Campaign Financing Trust Fund Contribution  |             |             | May Be                                |  |
| Zip             | Country   |  | Zip Country                         |                        |                | ···  |  |             |             |                                       |  |
| 24              | 25  | 29   |                                     | 30                     |                |  | R. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  |             |             |                                       |  |
| 241             | g. Name and Address of Cur  |  |                                     | 130]                   |                |  | 10. Name and Address of New Registered Agent   |             |             |                                       |  |
| DEC             | HTSCHAFFEN, MANFRED   |  |                                     |                        | BILN           | ame  | 10   | iololog P   | 90111       |                                       |  |
| neu<br>Bose     | S COLLINS AVENUE  |  |                                     | . [.                   |                |  | <u> </u>   |             |             |                                       |  |
|                 |   |  | <b>82</b> Str                       |                        |                | reet Add                                     | eet Address (P.O. Box Number is Not Acceptable)  |             |             |                                       |  |
| MIA             | MI BEACH 33140-9754   |  |                                     | ي ا                    | 33             |  | <u></u>  |             |             |                                       |  |
|                 |   |  |                                     | ۱                      | 33             |  |  |             |             |                                       |  |
|                 |   |  |                                     | E                      | 34 C           | itv  |  |             | 85 Z        | p Code                                |  |
| ·               |   |  |                                     | . 1                    | 1              | •  |  | FL          |             | •                                     |  |
| 11. Pursuant    | to the provisions of Sections 607.0                                       | 502 and 607 150                            | 8, Florida Statute                  | s, the abo             | ove-na         | med corp                                     | poration submits this statement for the pition's board of directors. I hereby accep  | irpose of e | changing    | its registered                        |  |
| agent. La       | egistered agent, or both, in the St<br>m familiar with, and accept the ob | ate of rioriga. Sud<br>digations of, Secti | on change was a<br>on 607.0505. Flo | umonzea<br>rida Statul | by ine<br>tes. | corpora                                      | tion's board of directors, I hereby accep  | the appo    | miment      | as registored                         |  |
| SIGNATURE       |   |  |                                     |                        |                |  | • .  |             |             |                                       |  |
| SIGNATORE       | Signature, typed or printed name of registered                            | agent and title if applica                 | able (NOTE                          | Registered A           | Agent sig      | gnature requ                                 | red whon reinstating)  | DATE        |             |                                       |  |
| 12.             |   | AND DIRECTORS                              |                                     | 13.                    |                |  | ADDITIONS/CHANGES TO OFFIC   | ERS AND     | DIRECT      | ORS IN 12                             |  |
| TITLE           | DP  |  | DELETE                              | 1.1 (0)                | E              |  |  | I           | Chang       | e 🔲 Addition                          |  |
| NAME            | RECHTSCHAFFEN, MANFRE   | ED .                                       |                                     | 1.2 NAW                | AE .           |  |  |             |             |                                       |  |
| STREET ADDRESS  | 5055 COLLINS AVE. #PH-C   |  |                                     | 1.3 STRE               | LE1 ADD        | RESS   |  |             |             |                                       |  |
| CITY-ST-ZIP     | MIAMI BCH. FL   |  |                                     | 1.4 C/TY               | /- ST-7H       | ,  | *  |             |             |                                       |  |
| TITLE           |   |  |                                     | 21 THLE                |                |  |  | Chang       | e Addition  |                                       |  |
| NAME            |   |  |                                     | 2.2 NAM                | AF.            | 1  |  |             |             |                                       |  |
| STREET ADDRESS  |   |  |                                     | 2.3 STRE               |                | Bree   | *  |             |             |                                       |  |
| CITY-ST-ZIP     |   |  |                                     | 2.4 CIT                | •              |  |  |             |             |                                       |  |
| TITLE           |   |  | DELETE                              | 3.1 1/1                |                |  |  |             | Chang       | e Addition                            |  |
| NAME            |   |  |                                     | 3.2 NAM                |                |  |  |             | N IY        |                                       |  |
|                 |   |  |                                     | 1                      |                | DEAG   |  |             |             |                                       |  |
| STREET ADDRESS  |   |  |                                     | 3.3 STRE               |                | i i  |  |             |             |                                       |  |
| CITY-ST-ZIP     |   |  | DELETE                              | 3.4. CITY              |                | P  |  |             | T Char      | A A A A A A A A A A A A A A A A A A A |  |
| TITLE           |   |  | רו הנרבוב                           | 4.1 TITL               |                | -  |  | ı           | Chang       | e 🔲 Addilion                          |  |
| NAME            |   |  |                                     | 4. 2 NAN               |                |  |  |             |             |                                       |  |
| STREET ADDRESS  |   |  |                                     | 4 3 STRE               | EET ADD        | RESS   |  |             |             |                                       |  |
| CITY-ST-ZIP     |   | · · · · · · · · · · · · · · · · · · ·      |                                     | 4.4 CITY               |                | <u>'                                    </u> |  |             | <del></del> |                                       |  |
| TITLE           |   |  | DELETE                              | 5.1 1110               | E              | 1  | •  | [           | Chang       | e 🔲 Addilion                          |  |
| NAME            |   |  |                                     | 5.2 NAM                | AE.            | - }  |  |             |             | _                                     |  |
| STREET ADDRESS  |   |  |                                     | 5.3 S1RE               | EE1 ADD        | ress   | <b>\</b> /   | B           | 5-6         | H)                                    |  |
| CITY-ST-ZIP     |   |  |                                     | 5.4 CITY               | /-ST-71        | , ]  | V  | 15          | •           | _                                     |  |
| TITLE           |   |  | DELETE                              | 6.1 TITLE              |                |  | Branch Janes, Janes, Larry, La |             | Chang       | e Addition                            |  |
| NAME            |   |  |                                     | 6.2 NAM                | ME             |  | <b>50000211</b><br>-03/20/970112   | yyj         |             |                                       |  |
| STREET ADDRESS  |   |  |                                     | 6.3 S1RE               | EET ADO        | RESS   | -03/20/3(0112  | 383         | j .         |                                       |  |
| CITY-ST-ZIP     |   |  |                                     | 6.4 CITY               |                | ſ  | ***173.75  |             |             |                                       |  |
|                 |   |  |                                     | 9/1 0/11               | 11             |  |  |             |             |                                       |  |

14. I do hereby certify that the information supplied with this filling 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 this receiver or trusted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or of in attachment with an address.



Secretary of State

February 17, 1997

RECHTSCHAFFEN GROUP & ASSOCIATES INC. 5055 COLLINS AVENUE CRYSTAL HOUSE PENTHOUSE C MIAMI BEACH, FL 33140

Re: Document Number M70261

The Articles of Amendment to the Articles of Incorporation for RECHTSCHAFFEN GROUP & ASSOCIATES, INC. which changed its name to EUROMANAGEMENT GROUP & ASSOCIATES INC., a Florida corporation, were filed on February 11, 1997.

The certification requested is enclosed.

Should you have any question regarding this matter, please telephone (904) 487-6050, the Amendment Filing Section.

Karen Gibson Corporate Specialist Division of Corporations

Letter Number: 497A00008293



Bepartment of State

I certify the attached is a true and correct copy of the Articles of Amendment, filled on February 11, 1997, to Articles of Incorporation for RECHTSCHAFFEN GROUP & ASSOCIATES, INC. which changed its name to EUROMANAGEMENT GROUP & ASSOCIATES INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is M70261.

Given under my hand and the Great Seal of the State of Morida, at Callahassee, the Capitol, this the Soventoenth day of February, 1997

CR2EO22 (2-95)

Sandra B. Mortham Sandra B. Mortham Secretary of State