

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**FILED**

**99 MAR -4 AM 9:34**

**DOCUMENT #**

**M70261**

1. Corporation Name

**EUROMANAGEMENT GROUP & Associates INC.**

Principal Place of Business

Mailing Address

**FLORIDA**

**ATTN: Manfred Rechtschaffen  
 5055 Collins Avenue  
 Miami Beach, Florida 33140**

2. Principal Place of Business

2a. Mailing Address

21 | **Florida**

26 | **5055 Collins Avenue**

22 | **Penthouse C**

27 |

23 | **Miami Beach**

28 | **Florida**

24 | **33140**

29 | **U.S.A.**

9. Name and Address of Current Registered Agent

**MANFRED RECHTSCHAFFEN  
 5055 COLLINS AVENUE PENTHOUSE C  
 MIAMI BEACH, FLORIDA 33140**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

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

*Manfred Rechtschaffen*

(NOTE: Register Agent signature required when changing agent)

**3/02/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE [ ] DELETE  
**PRESIDENT**  
 NAME **MANFRED RECHTSCHAFFEN**  
 STREET ADDRESS **5055 COLLINS AVENUE MIAMI BEACH FL**  
 CITY-ST-ZIP

TITLE [ ] Change [ ] Add [ ]  
**SECRETARY-TREASURER**  
 NAME **ALAN N. RECHTSCHAFFEN**  
 STREET ADDRESS **5055 COLLINS AVENUE PENTHOUSE C**  
 CITY-ST-ZIP **MIAMI BEACH FLORIDA**

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 -03/18/99-01088-009  
 \*\*\*\*158.75 \*\*\*\*158.75**

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:

*Manfred Rechtschaffen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/99**

**880 962 2784**

CR2E034 (1-1-98)