

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mutham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **N13596**

(4)

95 FEB 28 AM 4:24

1. Corporation Name
YOUTH IN EUROPE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7620 CARLYLE AVE #905 MIAMI BEACH FL 33141	7620 CARLYLE AVE #905 MIAMI BEACH FL 33141

3. Date Incorporated or Qualified 02/26/1986	3a. Date of Last Report 10/18/1994
4. FEI Number 59-2644991	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	31. Country

9. Name and Address of Current Registered Agent

ATWOOD, CHARLES F., III
111 S.W. 3 ST.
SUITE 102
MIAMI FL 33130

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME FOWLER, LINTON T., SR.	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9265 S.W. 44 ST.	CITY, ST, ZIP MIAMI FL	1.2 NAME FOWLER, LINTON T., SR.	
		1.3 STREET ADDRESS 7620 CARLYLE AV SUITE 905	
		1.4 CITY - ST - ZIP MIAMI BEACH, FL 33141	
TITLE D	NAME FOWLER, LINTON T., JR.	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4817 S.W. 136TH PL.	CITY, ST, ZIP MIAMI FL	2.2 NAME FOWLER, LINTON T., JR.	
		2.3 STREET ADDRESS 14415 SW 159 TER	
		2.4 CITY - ST - ZIP MIAMI, FL 33177	
TITLE D	NAME FOWLER, TIMOTHY SCOTT	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9265 S.W. 44 ST.	CITY, ST, ZIP MIAMI FL	3.2 NAME FOWLER, TIMOTHY SCOTT	
		3.3 STREET ADDRESS 15200 SW 143 AV	
		3.4 CITY - ST - ZIP MIAMI, FL 33177	
TITLE DS	NAME MAYES, TAMMY	4.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8045 S.W. 107TH AVENUE	CITY, ST, ZIP MIAMI FL	4.2 NAME MAYES, TAMMY LIN	
		4.3 STREET ADDRESS 15548 SW 138 PL	
		4.4 CITY - ST - ZIP MIAMI, FL 33177	
TITLE TD	NAME FOWLER, MARY ELLEN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9265 SW 44 ST	CITY, ST, ZIP MIAMI FL	5.2 NAME FOWLER, MARY ELLEN	DELETE
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears on the 6-12 or Block 13 document, or on an attachment with an address.

SIGNATURE: *Linton Fowler, Sr.* **2/18/95** (305) 596-3787

WITNESS TITLE AND TYPED OR PRINTED NAME OF WITNESS OFFICER OR DIRECTOR _____