FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N13596

1. Corporation Name

YOUTH IN EUROPE, INC.

Principal Plac	e of Business	Mailing /	Address ·						
7620 CARLYLE	E AVE	7620 CA	RLYLE AVE						
#905		#905	*#905						
MIAMI BEACH FL 33141		MIAMI B	EACH FL 33141		•	1 3 0 0 111 0 1 0 1 1 1 1 0 0		m 61811 81841 818	
	•								
			ng Address	<u> </u>		3. Date Incorporated	or Qualifed		
2. Principal P	Place of Business	<u> </u>	ng Address			02/26/1986			.]
21		26	a, Apt. #, etc.	<u>-</u>		4. FEI Number		Apr	plied For
Suite, Apt.		. —	s, Apt. #, etc.	•		59-2644991			t Applicable
22	•=	27 City	& State					\$8.75 A	
City & Stat	re .	28	a otato			5. Certifcate of State	us Desired	Fee Re	i
23 Zin	Country	Zip		Cour	ntrv	6 Election Campaio	n Financino —	\$5.00	May Be
-				30		· · ·	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
24	9. Name and Address of		Agent	1301		10. Name and Addr	ess of New Registered	Agent	
	J. Hallie alla Addiesa Gi	Car of Mark		İ	81 Name				
	0114B150 5 W					((D.O. Bay Number)	n Mat Accontable)		
	, CHARLES F., III				82 Street Add	iress (P.O. Box Number i	5 Not Acceptable)		
111 S.W.				ţ	83				
SUITE 10			•	į			<u> </u>	log! =: -	2040
miami fl	, 33130			1	84 City -		FI	85 Zip C	ode
44700 325130	t to the provisions of Sections 6	217 0502 and 617 15	08 Florida Statut	es the at	ove-named con	poration submits this state	ement for the purpose of	changing its	registered
	registered agent or both in the	a State of Florida: Su	ich change was a	umonzea	ov me conductat	ion's board of directors. I	hereby accept the appoint	intment as rec	gistered
Malegent 11s	am:familiar with, and accept the	e obligations of Sect	ion 617.0503, Flo	orida Statu	ites.	\$ 14 Z NH 3	. Bushing Gerardian seem	3.64 4 1 613-60 1	E11 \$293, 1373
a again. Te									I
SIGNATURE						and where selectoring)	•	<u> </u>	<u> </u>
SIGNATURE	Signature, typed or printed name of regis	stered agent and title if applic	able. (NOTE	: Registered	Agent signature requir	red when reinstating) ADDITIONS/CHAN	DATE	ND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of regis		able. (NOTE	Registered	Agent signature requir	ADDITIONS/CHAP	•	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of regis OFFICE	stered agent and title if applic	able. (NOTE	13.	Agent signature requir	ADDITIONS/CHAN	DATE		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of regis OFFICE DP FOWLER, LINTON T., SR	stered agent and title if applic	able. (NOTE	13. 1.1 TIT 1.2 NA	Agent signature requir	ADDITIONS/CHAP	DATE		
SIGNATURE 12. TITLE	Signature, typed or printed name of regis OFFICE DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE	stered agent and title if applic	able. (NOTE	13. 1.1 TIT 1.2 NA 1.3 STI	Agent signature requir LE ME REET ADORESS	ADDITIONS/CHAP	DATE		
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of regis OFFICE DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE S MIAMI BEACH FL	stered agent and title if applic	able. (NOTE RS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CFT	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP	ADDITIONS/CHAP	DATE	☐ Change	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of regis OFFICE DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE 9 MIAMI BEACH FL D	stered agent and title if applications and DIRECTOR and D	able. (NOTE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CFI 2.1 TIT	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE	ADDITIONS/CHAP	DATE		☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of regis OFFICE DP FOWLER, LINTON T., SR \$ 7620 CARYLE AVE STE! MIAMI BEACH FL D FOWLER, LINTON T., JR	stered agent and title if applic ERS AND DIRECTOR	able. (NOTE RS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME	ADDITIONS/CHAP	DATE	☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICE DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE S MIAMI BEACH FL D FOWLER, LINTON T., JR s 14415 SW 159 TERRACE	stered agent and title if applic ERS AND DIRECTOR	able. (NOTE RS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	ADDITIONS/CHAP	DATE	☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of regis OFFICE DP FOWLER, LINTON T., SR 5 7620 CARYLE AVE STE S MIAMI BEACH FL D FOWLER, LINTON T., JR	stered agent and title if applic ERS AND DIRECTOR	able. (NOTE RS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CI	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	ADDITIONS/CHAP	DATE	☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of regis OFFICE DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE S MIAMI BEACH FL D FOWLER, LINTON T., JR 14415 SW 159 TERRACE MIAMI FL	stered agent and title if applic ERS AND DIRECTOR	able. (NOTE RS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	ADDITIONS/CHAP	DATE	☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of regis OFFICE DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE 9 MIAMI BEACH FL D FOWLER, LINTON T., JR s 14415 SW 159 TERRACE MIAMI FL D FOWLER, TIMOTHY SCO	stered agent and title if applic ERS AND DIRECTOR	able. (NOTE RS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME	ADDITIONS/CHAP	DATE	☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of regis OFFICE DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE 9 MIAMI BEACH FL D FOWLER, LINTON T., JR 14415 SW 159 TERRACE MIAMI FL D FOWLER, TIMOTHY SCO	stered agent and title if applic ERS AND DIRECTOR	able. (NOTE RS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	ADDITIONS/CHAP	DATE	☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of regis OFFICE DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE 9 MIAMI BEACH FL D FOWLER, LINTON T., JR 14415 SW 159 TERRACE MIAMI FL D FOWLER, TIMOTHY SCO 515200 SW 143 AVE	stered agent and title if applic ERS AND DIRECTOR	DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME	ADDITIONS/CHAP	DATE	☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	Signature, typed or printed name of regis OFFICE DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE 9 MIAMI BEACH FL D FOWLER, LINTON T., JR 14415 SW 159 TERRACE MIAMI FL D FOWLER, TIMOTHY SCO 515200 SW 143 AVE MIAMI FL	stered agent and title if applic ERS AND DIRECTOR	able. (NOTE RS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	ADDITIONS/CHAP	DATE	☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of regis OFFICE DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE 9 MIAMI BEACH FL D FOWLER, LINTON T., JR 14415 SW 159 TERRACE MIAMI FL D FOWLER, TIMOTHY SCO 15200 SW 143 AVE MIAMI FL	stered agent and title if applications and title if applications and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and are also as a second and a	DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	ADDITIONS/CHAP	DATE	☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME TITLE NAME	Signature, typed or printed name of regis OFFICE DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE MIAMI BEACH FL D FOWLER, LINTON T., JR 14415 SW 159 TERRACE MIAMI FL D FOWLER, TIMOTHY SCO 5 15200 SW 143 AVE MIAMI FL ST BECKETT, TAMMY	estered agent and title if applica ERS AND DIRECTOR 905	DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 2.4 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NA	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	ADDITIONS/CHAP	DATE	☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE MIAMI BEACH FL D FOWLER, LINTON T., JR 14415 SW 159 TERRACE MIAMI FL D FOWLER, TIMOTHY SCO 15200 SW 143 AVE MIAMI FL ST BECKETT, TAMMY 15568 SW 138 PL	stered agent and title if applications and title if applications and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and title if applications are also as a second and are also as a second and a	DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NV 4.3 ST	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME	ADDITIONS/CHAP	DATE	☐ Change ☐ Change ☐ Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TI	DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE MIAMI BEACH FL D FOWLER, LINTON T., JR 14415 SW 159 TERRACE MIAMI FL D FOWLER, TIMOTHY SCO 15200 SW 143 AVE MIAMI FL ST BECKETT, TAMMY 15568 SW 138 PL	stered agent and title if applica ERS AND DIRECTOR 905	DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NV 4.3 ST	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE AME	ADDITIONS/CHAP	DATE	☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE MIAMI BEACH FL D FOWLER, LINTON T., JR 14415 SW 159 TERRACE MIAMI FL D FOWLER, TIMOTHY SCO 15200 SW 143 AVE MIAMI FL ST BECKETT, TAMMY 15568 SW 138 PL	stered agent and title if applica ERS AND DIRECTOR 905	DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 NV 4.3 ST 4.4 CIT 4.4 CIT 4.4 CIT 4.5 TIT 4.5 TIT 4.5 TIT 4.5 TIT 4.6 TIT 4.7 TIT	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE MAE	ADDITIONS/CHAP	DATE	☐ Change ☐ Change ☐ Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICE DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE MIAMI BEACH FL D FOWLER, LINTON T., JR 14415 SW 159 TERRACE MIAMI FL D FOWLER, TIMOTHY SCO 15200 SW 143 AVE MIAMI FL ST BECKETT, TAMMY 15568 SW 138 PL MIAMI FL	stered agent and title if applica ERS AND DIRECTOR 905	DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CT 4.1 TIT 4.2 NV 4.3 ST 4.4 CIT 5.1 TIT 5.2 NA	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE MAE	ADDITIONS/CHAN	DATE	☐ Change ☐ Change ☐ Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	OFFICE DP FOWLER, LINTON T., SR 7620 CARYLE AVE STE MIAMI BEACH FL D FOWLER, LINTON T., JR 14415 SW 159 TERRACE MIAMI FL D FOWLER, TIMOTHY SCO 15200 SW 143 AVE MIAMI FL ST BECKETT, TAMMY 15568 SW 138 PL MIAMI FL	stered agent and title if applica ERS AND DIRECTOR 905	DELETE DELETE DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 2.1 TIT 2.2 NA 2.3 STI 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 5.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE MME ADDITIONS/CHAP	DATE	☐ Change ☐ Change ☐ Change	Addition Addition Addition	

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 617. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90049 004 ****61.25