OCUMENT #	P00000112097

1. Entity Name

EURO TRADE GROUP, INC.

Principal Plac	e of Business	Mailing Address							
2222 PONCE CORAL GABL	DE LEON BLVD., SUITE 302	2222 PONCE DE LEON E CORAL GABLES FL 3313		02					
CONAL GABL	E3 FL 33134	CONAL GABLES IT 3013	, ,		1.0008001	::: 10!!! 10!!! 10!!!	. 	HOLO INTO OÙSI	18 (8)(8 (88 (88))
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	Place of Business NW - 72 AVE	3. Mailing Address	JUA ST	,	()0041004	11. 20 11. 30 11. 20 11.	10:01 1:103		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			DO NOT W	RITE IN THIS S	SPACE	
City & Stat		City & State			4. FEI Number	CE 40647	40	T A	pplied For
MIF		MIAMI - F	<u> </u>			65-10617			lot Applicable
Zip 33\ {	Country VSA	33166	Country	λ [¹	5. Certificate of	Status Desired		\$8.75 Ad Fee Requir	
	6. Name and Address of Current F		Na		7. Name and Ac	dress of New	Registered A	gent	
MEDEI, R	AUI G			me MEDI		- -			
-	NCE DE LEON BLVD., SUITE 302	•	Stre	eet Address (P.0	D. Box Number is	Not Acceptal	ble)		
	ABLES FL 33134		Ü	1615 151	u - 72 -	AVE - S	うひけど	107	
			City				FL	Zip Co	39.66
8. The above	named entity submits this statement for	the purpose of changing its	registered of			n the State of I	Florida.		,,,,,,
	10 c	A	\ _'	1/6		r	J5 - 09		,
SIGNATURE .	RAUL G. HEDEL	PRES.	•	1 1 1			12 - 11-	. ~	7
SIGNATURE .	Signature, typed or printed name of registered agent at		E: Registered Agent	signature required wh	en re-istating)		DATE	01	-
	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTI					DATE		
9. This corpo	Signature, typed or printed name of registered agent all praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOVY After May 1, 20	FEE IS \$	150.00 be \$550.00	10. Election	on Campaign F	DATE	\$5.0	00 May Be
9. This corporate filling (See criter	Signature, typed or printed name of registered agent all praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After May 1, 20 Make Check Payab	FEE IS \$ 02 Fee will b	150.00 be \$550.00 ment of State	10. Election	on Campaign F Fund Contribut	DATE Financing tion.	\$5. 0 Adde	00 May Be
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U5-09-2002 305 400561

Daytime Phone #