FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044542 (7)

1. Corporation Name
EURO-AMERICAN ENTERTAINMENT ASSOCIATES, INC.

Principal Place of Business
929 WHASHINGTON AVE.
MIAMI BEACH FL 33139

Mailing Address
~~C/O SCHANTZ, SCHATZMAN~~
~~200 S. BISCAYNE BLVD., STE. 3650~~
~~MIAMI FL 33131~~
~~US~~

3. Date Incorporated or Qualified: 06/23/1993
3a. Date of Last Report: 07/03/1995

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 c/o Becker & Poliakoff
Suite, Apt #, etc.
27 5201 Blue Lagoon Drive #100
City & State
28 Miami, Florida
Zip 29 33126 Country 30 Dade

4. FEI Number: 65-0416132 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CAHAN, RICHARD J. A
~~200 S BISCAYNE BLVD~~
~~SUITE 3650~~
~~MIAMI FL 33131-2304~~

10. Name and Address of New Registered Agent
81 Name: RICHARD J. ALAN CAHAN
82 Street Address (P.O. Box Number is Not Acceptable)
~~c/o Becker & Poliakoff~~
83 5201 Blue Lagoon Drive, Suite 100
84 City: Miami FL 85 Zip Code: 33126

11. Pursuant to the provisions of Sections 607.0502 or 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 [signature] DATE 7/9/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	GIANCATERINI, MARCELLO	
STREET ADDRESS	929 WASHINGTON AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	AS	☐ DELETE
NAME	CAHAN, RICHARD J	
STREET ADDRESS	200 S. BISCAYNE BLVD. #3650	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PS	☐ DELETE
NAME	CARLOS AMAYA,	
STREET ADDRESS	932 S.W. 20TH LANE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #