FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State

DOCUMENT # P930000 69131 1. Entity Name HEECO EURO, INC.			05-29-2002 90737	046 ***550.00
	WRIII IN III			
2. Principal Place of Business 5450 W Crens Suite, Apt*, etc.	Suite, Apt.	Box 9279	DO NOT WRITE IN THIS SPA	ACE
City & State Tampa FL	City & Stat	na FL	4. FEI Number 59-3227155	Applied For Not Applicable
Zip 3 3 6 3 4 Country			5 Certificate of Status Desired	8.75 Additional e Required
			7. Name and Address of Current Registered A	gent
BO N	AT WHITE	Name /	Flan H. Otte, Esq.	
DO NOT WRITE Street AC		Street Address	3 6 0 4 Pub Place	
in a linguistic section of the secti				
		City Ta	mpa FL	Zip Code 33624
8. The above named entity submits t	this statement for the purpose of	M 411 4M 4 M 10 M 10 M 10 M 10 M 10 M 10	ered agent, or both, in the State of Florida.	
SIGNATURE	ne of registered agent and title if applicable.	(NOTL: Registered Agent signature requi	red when re-instating) DATL	
This corporation is eligible to satis Tax filing requirement and elects	siy its intangible	anuary (May Fee is \$150.00 After May (Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be
(See criteria on back)		Amended UBR is \$61.25 Check Payable to Department of S	Trust Fund Contribution.	Added to Fees
(See criteria on back)		Amended UBR is \$61:25 Steck Payable to Department of S	Trust Fund Contribution.	Added to Fees
(See criteria on back) 11. TITLE NAME STREET ADDRESS P D E. R. M:1 7605	DEFICERS AND DIRECTORS	Amended UBR is \$81.25 heck Payable to Department of 8	Trust Fund Contribution.	Added to Fees
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Afles Mebalci

Phyllis Mikelin

5/24/02

813-886-7584

Daytime