FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

23

24

Zip

SIGNATURE

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000032014 (0) **DOCUMENT #** Corporation Name

Country

9, Name and Address of Current Registered Agent

Signature, typed or prioted name of registered agent and title if applicable

OFFICERS AND DIRECTORS

25

CHARRIER, WILLIAM

PONCE, S. DANIEL ESQ. 200 SOUTH BISCAYNE BLVD.

SUITE 2100

MIAMI FL 33131

EAST EUROPEAN IMPORTS INC.		
Principal Place of Business	Mailing Address	
3191 CORAL WAY SUITE 904 MIAMI FL 33145-3218	3181 CORAL WAY SUITE 904 MIAMI FL 33145-3218	
Principal Place of Business 21	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

28

29

Zip

FILED Jan 23 1998 8:00am Secretary of State



Addition

Change

6550 ROCK SPRING DR., SUITE 300 STREET ADDRESS 1.3 STREET ADDRESS BETHESDA MD CITY-ST-ZIP 1.4 CITY-ST-ZIP CTD DELETE PRESIDENT + DIRECTOR TITLE 2.1 TITLE PEREZ, JOHN PEREZ JOHN NAME 2.2 NAME 3191 CORAL WAY, SUITE 904 3191 CORAL WAY STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CHY-ST-7/P DELETE 3.1 TITLE TROTMAN, JOHN E NAME 3.2 NAME 3191 CORAL WAY STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY- ST - ZIP 400002411174hange DELETE Addition TITLE 4.1 TITLE HAVER, JOSEPH NAME 4 2 NAME -01/26/98--01012--027 6550 ROCK SPRING DRIVE, SUITE 300 4.3 STREET ADDRESS STREET ADDRESS ***158.75 **BETHESDA MD** CITY-ST-7/P 4.4 City - ST-ZIP

SECRETARY

PONCE, S. DANIEL

MIAMI, FL 33131

HANSEN, KARL

CHIEF FINANCIAL OFFICER

3191 CORAL WAY, SUITE 904

200 SOUTH BISCAYNE BLVD, STE. 2100

Country

83

84 City

13.

1.1 TITLE

12 NAME

DELETE

DELETE

DELETE

81 Name

30

CITY-ST-ZIP 64CITY-ST-ZIP M/AM1, FL 33/45-32/8

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 cath; that I am an officer or director of the corporation or the regoiver or trustage 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 attaching it with an address.

(A) I i i i i i

5.1 TITLE

52 NAME

61 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP