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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400032014

1. Corporation Name

EAST EUROPEAN IMPORTS INC.											
Principal Place	of Business	Ma	iling Address								
3191 CORAL WAY 3191 CORAL WAY SUITE 904 SUITE 904 MIAMI FL 33145-3218 MIAMI FL 33145-3218								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifer	đ		
								04/25/1994		<u> </u>	
2. Principal Pl	ace of Business	2a.	Mailing Address					4. FEI Number		. Ap	plied For
21	•	26						65-0485755			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired	×	\$8.75 A	
- City & State			City & State					6. Election Campaign Financing	· 🗀 "	\$5.00	May Be
23		28						Trust Fund Contribution		Added t	o Fees
Zip	Country		Zip	c	ountry	/		8. This corporation owes the cu	rrent year In		_
24	25	29		30				Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Regis	tered Agent		 	1		10. Name and Address of New	Registered	Agent	
501	OF 0 DANIEL 500				81	'	lame				
PONCE, S. DANIEL ESQ.					82 Street Add			ess (P.O. Box Number is Not Accep	table)	·———	
200 SOUTH BISCAYNE BLVD.											
SUITE 2100					83	1					
MIAMI FL 33131 .					84	1 0	City			85 Zip (Code
•					-				<u>FL</u>		
office or re agent. I a	to the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obliga	ot Florid	ia. Such change was a	autnoriz	zea ov	/ ine	e corporation	n's board of directors. I hereby acc	ept the appo	intment as re	gistered
SIGNATURE	Signature, typed or printed name of registered ager	t and title i	f applicable (NOTE	: Registe	red Ager	nt sig	nature required	when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			1	13.			ADDITIONS/CHANGES TO O	FFICERS A	ND DIRECTO	RS IN 12
TITLE	DC		☐ DELETE	1.1	TITLE					Change	☐ Addition
NAME	CHARRIER, WILLIAM				1.2 NAME						
STREET ADDRESS	STREET ADDRESS 6550 ROCK SPRING DR., SUITE 300				1.3 STREET ADDRESS					,	
CITY-ST-ZIP	BETHESDA MD			1.4	4 CITY-S	ST-ZI	Р				
TITLE	PD .		☐ DELETE	2.	1 TITLE		_			Change	☐ Addition
NAME	PEREZ, JOHN			2.5	2 NAME						
STREET ADDRESS	3191 CORAL WAY			2.	2.3 STREET ADDRESS						.]
CITY-ST-ZIP	MIAMI FL			2.	4 CITY-5	ST-Z	IP				
TITLE	CFO DELETE			3.	3.1 TITLE				• •	Change	· · · · Addition
NAME	HANSEN, KARL			3.3	3.2 NAME						
STREET ADDRESS	3191 CORAL WAY, SUITE 904			3.5	3 STREE	T AD	ORESS				
CITY+ST-ZIP	MIAMI FL 33145-3218			3.	4. CITY- 8	ST-Z	3P				
TITLE	D DELETE			4.	4.1 TITLE					Change	☐ Addition
NAME	HAVER, JOSEPH			4.	2 NAME	Ξ					
STREET ADDRESS	6550 ROCK SPRING DRIVE, SI	UITE 30	00	4.	3 STREE	ET AD	DRESS				Ì
CITY+ST-ZIP	BETHESDA MD		- 	4.	4 CITY-S	\$T-ZI	P	<u></u>			
TITLE	S		☐ DELETE		1 TITLE					[] Change	Addition (
NAME	PONCE, DANIEL S				2 NAME						l
\$TREET ADDRESS	200 SOUTH BISCAYNEBLVD.,	STE. 2	100		3 STREE						}
CITY+ST-ZIP	MIAMI FL 33131	1	<u> </u>	•	4 CITY - S		P			F16:	
TITLE			☐ DELETÉ		1 TITLE				•	Change	☐ Addition
NAME		•			2 NAME		İ				-
CTOCCT ADDDCCC				6.	3 STREE	TAD	DRESS				

C(TY-ST-ZIP 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 607, 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

e required

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90030 007 ***158.75