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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000033728 (4)**

1. Corporation Name
EURO IMPACT, INC.

Principal Place of Business 1217 SW 13TH AVE MIAMI FL 33135 (change)	Mailing Address P.O. BOX 450156 MIAMI FL 33245-0156 US (SAME)
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2. Principal Place of Business 21 12694 NW 11 YANE Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 450156 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/04/1994	3a. Date of Last Report 04/10/1996
22 City & State 23 MIAMI FLORIDA		27 City & State 28 MIAMI FL		4. FEI Number 65-0489220	
24 Zip 33182		29 Zip 33245-0156		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LOPEZ, MORAYMA A 1217 SW 13TH AVE MIAMI FL 33135				10. Name and Address of New Registered Agent 81 Name MORAYMA Lopez 82 Street Address (P.O. Box Number is Not Acceptable) 12694 NW 11 YANE 83 84 City MIAMI	
85 Zip Code 33182					

11. Pursuant to the provisions of Sections 607.0502 and 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV	1.1 TITLE	PRESIDENT
NAME	RODRIGUEZ, ARTURO	1.2 NAME	ARTURO RODRIGUEZ
STREET ADDRESS	1217 SW 13TH AVE	1.3 STREET ADDRESS	12694 NW 11 YANE
CITY-ST-ZIP	MIAMI FL 33135	1.4 CITY-ST-ZIP	MIAMI FL 33182
TITLE	DST	2.1 TITLE	MORAYMA LOPEZ
NAME	LOPEZ, MORAYMA A	2.2 NAME	MORAYMA LOPEZ
STREET ADDRESS	1217 SW 13TH AVE	2.3 STREET ADDRESS	12694 NW 11 YANE
CITY-ST-ZIP	MIAMI FL 33135	2.4 CITY-ST-ZIP	MIAMI FL 33182
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

MORAYMA LOPEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/97

551-0056

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CR2E034 (9/96)