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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000071581 (0)

EURO ENTERPRISES, INC.

1052 WEST SAMPLE ROAD

POMPANO BEACH FL 33064

Principal Place of Business Mailing Address 1052 WEST SAMPLE ROAD POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/29/1994 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable SAMS SAME AS 65-0540596 21 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name DESANTA, DONNA

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.

Street Address (P.O. Box Number is Not Acceptable)

(NOTE: Registered Agent signature required when reinstating) ered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1 1 TITLE TITLE 1.2 NAME NAME DESANTA, DONNA 1052 WEST SAMPLE ROAD STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE

2.2 NAME NAME DESANTA, FRANK 1052 WEST SAMPLE ROAD 2.3 STREET ADORESS STREET ADDRESS POMPANO BEACH FL 2. 4 CITY - ST - ZiP CITY-ST-ZIP Change Addition ■ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE DELETE 4.1 TITLE NAME 4. 2 NAME

4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME

STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 6.1 TITLE TITLE 6.2 NAME

6.3 STREET ADDRESS

CITY - ST - ZIP 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 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:

STREET ADDRESS

FILED

May 12 1998 8:00am

Secretary of State