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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000048544 (7)

EUROPEAN MANUFACTURERS AGENCY, INC.

Principal Place of Business	Mailing Address
21951 US 19 N. CLEARWATER FL 34625	21951 US 19 N. CLEARWATER FL 34625-2359

FILED Jul 01 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					4 CHETCHES SIN LEISE MISS SHELL MRIST SALIT	#8 tet 81981 UIO	10 4151 1091
21951 US 19 N. 21961 US 19 N. CLEARWATER FL 34625 CLEARWATER FL 34625-2359			359				
					3. Date Incorporated or Qualified 06/20/1995	3a. Date of Last 03/28/1996	Report
	lace of Business	2a, Mailing Address			4. FEI Number		Applied For
21		26			65-0602587		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27				5. Certificate of Status Desired		Additional Required	
City & Stat	City & State City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Zip	Country	Zip	F		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes Yes No		
	g, Name and Address of Curr	rent Registered Agent		1 Name	10. Name and Address of New Re	istered Agent	
	rdon, Kenneth		•	Name			
14250 SW 119 AVE			8	2 Street Add	ress (P.O. Box Number is Not Acceptab	e)	
MIAI	Mi FL 33186			13			
			`	13			
				4 City		FL []	Code .
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familia, with, and accept the ob-	i502 and 607.1508, Florida Statu ale of Florida. Sach change was ligations of, Scotion 607.0505, Fl	tes, the abo authorized lorida Statul	ove-named corp by the corpora les.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing tithe appointment a	its registered is registered
SIGNATURE	Signature, typed or printed name of registered	Juder			red when re-nstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	P	/ DELETE	1.1 TITU	•		Change	Addition 3
NAME	WINN, ROBERT		1.2 NAM	E			7
STREET ADDRESS	21951 US 19N.		1.3 STRE	ET ADDRESS			ļį.
CITY-ST-ZIP	CLEARWATER FL 34825			- SY- ZIP	APP-1		}
TITLE	VP .	DELETE	2.1 TITLE	1		Change	Addition C
NAME	WINN, MARY		2 2 NAM	E	•		
STREET ADDRESS	21951 US 19N.		2.3 STRE	ET ADDRESS			Į.
CITY-ST-ZIP	CLEARWATER FL 34625	DELETE.		(-ST-ZIP			
TITLE	CEO	☐ DELETE	3.1 TITLE			∟ Change	☐ Addition
NAME	GORDON, KENNETH		3.2 NAM				
STREET ADDRESS	14250 SW 119 AVE			ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33186	DELETE		(-S1-ZIP		T Charac	Addition
TITLE		T refet	4.1 TITLE	}		☐ Change	□ Addition
NAME			4. 2 NAM	1			
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 7/TU	- ST - ZIP		☐ Change	Addition
		€ pertit				En erseite	
NAME CYDCEX ADDRESS			5.2 NAM	Į			ļ
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		DELETE		-\$1-ZIP		Change	Addition
TITLE			6.1 TITLE			L_1 Challye	- Addition
NAME STORET ADDOCCO			6.2 NAM	J			1
STREET ADDRESS				ET ADDRESS			
City-St-Zip			6.4 CITY	- S1 - 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 enjural piport or supplemental angular 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 conformation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33 in changed, or on an attachment with un address.