SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000052060 (7) RSB EURO-AMERICAN TRADING CORP. Principal Place of Business Mailing Address 4014 CHASE AVE SUITE 201 4014 CHASE AVE SUITE 201 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3. Date Incorporated or Qualified 3a. Date of Last Report 07/06/1995 2. Principal Place of Business 2a. Mailing Address Collins AVE Applied For 5401 65-061 Not Applicable \$8.75 Additional 1416 1416 5. Certificate of Status Desired Fee Required City & State ly & State 6. Election Campaign Financing \$5.00 May Be KI AHI MIRHI 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **BEAUVOIS, ROGER** 4014 CHASE AVE SUITE 201 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33140 83 84 City Zip Code 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 agent or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Quedictipo designatur of my stered agent and title diapplicable (FOTE Registerup Agent signature required when recest page) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)PD TITLE DELETE STRIFF Change Addition NAME BEAUVOIS, ROGER 1.2 NAME CR2E034 5401 Collins and # 1416 STREET ADDRESS 4014 CHASE AVE SUITE 201 13 STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP 14 CITY - ST - ZIP TIRE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 31 THILF Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4.1 THE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 4.4.0-1Y - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST- ZIP 5.4 CITY - ST. ZIP TITLE DELETE 6 1 TITLE Change ____ Addition NAME 6.2 NAME STREET ADDRESS € 3 STREET ADDRESS CITY-S1-ZIF 64 CITY-ST ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnised and does not qualify for the exemption stated in Section 119.07(3)(k). 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed ignor an attachment with an address.

SIGNING OFFICER OR DIRECTOR

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