

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

FILED

Jan 21 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066888 (5)

1. Corporation Name
EUROEX INC.



Principal Place of Business
1302 NEW WORLD AVE., #4
LANTANA FL 33462

Mailing Address
1302 NEW WORLD AVE., #4
LANTANA FL 33462-1451

3. Date Incorporated or Qualified 08/29/1995
3a. Date of Last Report 05/29/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26	1402 LEE COURT	65-0606495		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28	LAKE WORTH, FL				
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		29	33461	30	PALM BCH		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRANSAS, JURI 1302 NEW WORLD AVE., #4 LANTANA FL 33462				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				1402 LEE COURT			
				83			
				84	City	FL	85 Zip Code
				LAKE WORTH		33461	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRANSAS, JURI			1.2 NAME			
STREET ADDRESS	1302 NEW WORLD AVE., #4			1.3 STREET ADDRESS	1402 LEE COURT		
CITY-ST-ZIP	LANTANA FL 33462			1.4 CITY-ST-ZIP	LAKE WORTH, FL 33461		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VIRTANEN, PANU			2.2 NAME	DELETE		
STREET ADDRESS	720 NORTH DIXIE HWY #408			2.3 STREET ADDRESS			
CITY-ST-ZIP	LANTANA FL 33462			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: J. Fransas JURI FRANSAS PRESIDENT 1-13-97 561-547-1309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)