## FILED Apr 09 1998 8:00am Secretary of State

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CORP ANNUA	OFIT FLORIDA DEPARTME ORATION Sandra B. Mo L REPORT Secretary of 1 DIVISION OF CORPO			rthai State	m •	Secre	tai	уО	1 91	lale	
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EURO-AM	ERICAN ADVISORY	, I	NC								
Principal Place of Business Melling Address											
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BOCA RATON , FL 33432BOCA RATON, FL 33432						32	3. Date incorporated or Qualified	Se Dei	of Leef C	ecort	<del></del> -
						3. Date Incorporated or Qualified Sa. Date of Last Report 10/09/95 05/01/1997					
2. Principal Plac	e of Business		Malling Address				4. FEI Number			Applied F	
Suite, Apt. #,	olo.	26	Suite, Apt. #, etc.				65-0612617		\$8.	Not Appli	
22]		27					5. Certificate of Status Desired	<u> </u>	Fe	e Require	×d
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Zip	Country	世	Zip		untr	у	8. This corporation has liability for		le tax unde		
24	25 9. Name and Address of Current	Regi		30	г		Florida Statutes Yes 10. Name and Address of New Re				
	<del></del>			1 D M D	81	Name					
THE LAW FIRM OF LAWRENCE SPIEGEL CHRTD					82 Street Address (P.O. Box Number is Not Acceptable)						
343 ALMERIA AVENUE					83						
					84	City			T 851 2	ip Code	——
	ABLES, FL 331:					,		FL	-		
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 807.0505, Florida Statutes.											
SIGNATURE	Signature, typed or printed name of regist	ered a	gent and title if applicable.		(NOT	E: Registered A	gent signature required when reinstating)		DATE		
12.	OFFICERS AN				13.		ADDITIONS/CHANGES TO OF	ICERS		CTORS II	V 12
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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), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and socurate 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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

enhance Marcher

3/30/98 561.395.7234