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Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90103 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000082939**

1. Corporation Name  
**EUROTECH ENTERPRISES, INC.**



Principal Place of Business <b>14631 S.W. 110 TERRACE MIAMI FL 33186</b>	Mailing Address <b>14631 S.W. 110 TERRACE MIAMI FL 33186</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>13973 S.W. 140<sup>TH</sup> ST.</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>SHOMAR ACCOUNTING &amp; TAX SVCS.</b> Suite, Apt. #, etc. 27 <b>5190 NW 167 ST # 111</b> City & State 28 <b>MIAMI, FLORIDA</b> Zip 29 <b>33014</b> Country 30 <b>U.S.</b>		3. Date Incorporated or Qualified <b>10/27/1995</b>	
23 <b>MIAMI, FLORIDA</b>		24 <b>33186</b> 25 <b>U.S.</b>		4. FEI Number <b>35-0618518</b>	
26 <b>SHOMAR ACCOUNTING &amp; TAX SVCS.</b>		27 <b>5190 NW 167 ST # 111</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
28 <b>MIAMI, FLORIDA</b>		29 <b>33014</b> 30 <b>U.S.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 <b>MIAMI, FLORIDA</b>		24 <b>33186</b> 25 <b>U.S.</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SHOMAR, JOSEPH  
17439 N.W. 66 COURT  
MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name <b>SHOMAR ACCOUNTING &amp; TAX SVCS.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5190 NW 167 ST</b>
83 Suite <b>111</b>
84 City <b>MIAMI</b>
85 Zip Code <b>FL 33014</b>

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KUFFREY, CHARLES R</b>		1.2 NAME <b>Kuffrey, Charles R.</b>	
STREET ADDRESS <b>14631 S.W. 110 TERRACE</b>		1.3 STREET ADDRESS <b>11440 SW 156 AVENUE</b>	
CITY-ST-ZIP <b>MIAMI FL 33186</b>		1.4 CITY-ST-ZIP <b>MIAMI, FL 33196</b>	
TITLE <b>VTD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LAKATIS, JOHN III</b>		2.2 NAME <b>Lakatis, John III</b>	
STREET ADDRESS <b>14631 SW 110TH TERRACE</b>		2.3 STREET ADDRESS <b>16450 SW 144 PLACE</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP <b>MIAMI, FL 33177</b>	
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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/23/99 305-970-2394**