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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000012282

1. Corporation Name

INVEST EUROPE CORP., INC.

Principal Flace of Business

Principal Place of Business

MIAMI FL 33172

Suite, Apt. #, etc.

City & State

Mailing Address

9743 NW 6TH LANE MIAMI FL 33172

2.

21

22

23

24

Zip

9743 NW 6TH LANE MIAMI FL 33172

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28 Zip

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FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90133 021 ***150.00

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	DO NOT WRIT	E IN T	IIS SPACE		
3.	Date incorporated or Qualifed				
	02/03/1996				
٤.	FEI Number		Applied For		
	65-0645008		Not Applicable		
_	Certificate of Status Desired		\$8.75 Additional Fee Required		
6.	Election Campaign Financing		\$5.00 May Be		

Added to Fees

□No

9. Name and Address of Curren: Registered Agent MEDRANO, JUAN C 9950 N.W. 6TH LANE

Country

25

10. Name and Address of New Registered Agent							
81	Name						
82	Street Arldress (P.O. Box Number is Not Acceptable)						
83							
84	City FL 85 Zip Code						

8. This corporation owes the current year intangible

Trust Fund Contribution

Personal Property Tax.

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.

Country

30

SIGNATUFE	Signature, typed or printed name of registered agent and title if applicable (NOT =: R	egistered Agent signature re	equired when reinstating) DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12				
TITLE	P DELETE	1.1 TITLE		☐ Change	☐ Addition				
NAME	MEDRANO, JUAN C	1.2 NAME							
STREET ADDRESS	9950 N.W. 6TH LANE	1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33172	14 CITY-ST-ZIP							
TITLE	☐ DELETE	2.1 TITLE		Change	☐ Addition				
NAME		22 NAME							
_STREET ADDRESS		2.3 STREET ADDRESS							
CITY-ST-ZIP		2 4 CITY-ST-ZIP							
TITLE	DELETE	31 TITLE		☐ Change	☐ Addition				
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition				
NAME		4 2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4 4 CITY-ST-ZIP							
TITLE	DELETE	51 TITLE		Change	☐ Addition				
NAME		52 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-ZIP		54 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE		Change	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 they eceiver 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 attanhine to that an address, with all other like empowered.

SIGNATURE: