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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000032283 (9)

1. Corporation Name

EURO TOUCH SERVICES, INC.



Principal Place of Business

18345 W. DIXIE HWY., STE. 331
N. MIAMI BEACH FL 33160

Mailing Address

18345 W. DIXIE HWY., STE. 331
N. MIAMI BEACH FL 33160-9768

3. Date Incorporated or Qualified

04/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2221 N.E. 164 St.

26 2221 NE 164 STREET

4. FEI Number

65-0658167

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing

\$5.00 May Be Added to Fees

23 NORTH MIAMI BEACH

28 NORTH MIAMI BEACH

Trust Fund Contribution

Florida Statutes

24 33160

25 US

29 33160

30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

XX Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOLIVAR, LAZARO

18345 W. DIXIE HWY., STE. 331

N. MIAMI BEACH FL 33160

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

400 KINGS POINT DR APT 1627

83

84 City MIAMI BEACH

FL

85 Zip Code 33160

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 of Registered Agent (if different from above) (Required for all corporations)

(Required for all corporations)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DP
12 NAME BOLIVAR, LAZARO
13 STREET ADDRESS 18345 W. DIXIE HWY., STE. 331
14 CITY, ST., ZIP N. MIAMI BEACH FL 33160

15 DV
16 NAME RODRIGUEZ, JUDITH
17 STREET ADDRESS 18345 W. DIXIE HWY., STE. 331
18 CITY, ST., ZIP N. MIAMI BEACH FL 33160

19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY, ST., ZIP

23 NAME
24 STREET ADDRESS
25 CITY, ST., ZIP

26 NAME
27 STREET ADDRESS
28 CITY, ST., ZIP

29 NAME
30 STREET ADDRESS
31 CITY, ST., ZIP

11 TITLE
12 NAME
13 STREET ADDRESS 400 KINGS POINT DR APT 1627
14 CITY, ST., ZIP MIAMI BEACH FL 33160

15 DV
16 NAME
17 STREET ADDRESS 400 KINGS POINT DR APT 1627
18 CITY, ST., ZIP MIAMI BEACH FL 33160

19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY, ST., ZIP

23 NAME
24 STREET ADDRESS
25 CITY, ST., ZIP

26 NAME
27 STREET ADDRESS
28 CITY, ST., ZIP

29 NAME
30 STREET ADDRESS
31 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 this 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: x

PRESIDENT

3.10.97 (305) 460 8088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number