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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067822 (2) 1. Corporation Name EUROTECHNOLOGY GROUP, INC.

Principal Place of Business

Mailing Address

FILED Mar 12 1997 8:00am Secretary of State



960 SUNTRUST 1 BOUTHEAST MIAMI FL 33131	INTERNATIONAL CENTER THRD AVENUE	960 SUNTRUST INTERNAT 1 SOUTHEAST THIRD AVI MIAMI FL 33131-1700					
हिन्द्र का स्टूबर पुरस्कात स्टूबर				3, Date Inc 08/14/	corporated or Qualified	3a, Date of Last	Report
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Nun	ber	1/	Applied For
21 00	15.E. 320 Ave.	26		65-6	689303	1	Vol Applicable
Sulte, Apt. #, etc. 576 960		Suite, Apt. #, etc. SAME		5. Certifica	te of Status Desired	red \$8.75 Additional Fee Required	
	HAMI, HA	City & State		1	Campaign Financing nd Contribution		O May Be d to Fees
7ip 24 33		Zip 29	Country 30	Florida S		Yes No	s. 199.032,
P	9. Name and Address of Current	Registered Agent		10. Name a	nd Address of New Re	gistered Agent	
960 S 1 SO	ENCWAIG, LESLIE A SUNTRUST INTERNATIONAL CEN DUTHEAST THIRD AVENUE AI FL 33131	TER	82 Stre	S.E. 3R	Number is Not Acceptab		
Kara I			84 City	MIA-MI		FL 85 Zip	181
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ns, the above-name	ed corporation submits	this statement for the p		its registered
office or re agent. I ar	to the provisions of sections 607.0502 egistered agent or both, if the State in familiar with and accept the obliga-	t Fyrida. Such cliange was iow, of, Section 107,0565, Fl	authorzed by the c orida Stat utes.	or orallon's board of c	firectors. I hereby accep	t the appointment a	s registered
SIGNATURE	Signature, typed in printed name of registered agent	rankage	C: Registered Agequaign	ture required when reinstating)	TARK TO BE WILLIAM AND A TO THE TOTAL AND A TOTAL AND	1/17/97	<u> </u>
12.	OFFICERS AND		13.		S/CHANGES TO OFFIC	ERS AND DIRECTO	IDS IN 12
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DITY ST-2P	<u>. </u>		6.4 CITY - ST - ZIP				
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upplomental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an attachment with an address.