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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zin

22



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000068874 (2) DOCUMENT

Country

25

200 S. BISCAYNE BLVD., STE. 4815

SALUSSOLIA. PIERO

MIAMI FL 33131

EURO CARIBBEAN SERVICE, INC.

Principal Place of Business Mailing Address 200 S. BISCAYNE BLVD., STE. 4815 200 S. BISCAYNE BLVD., STE. 4815 MIAMI FL 33131 MIAMI FL 33131

26

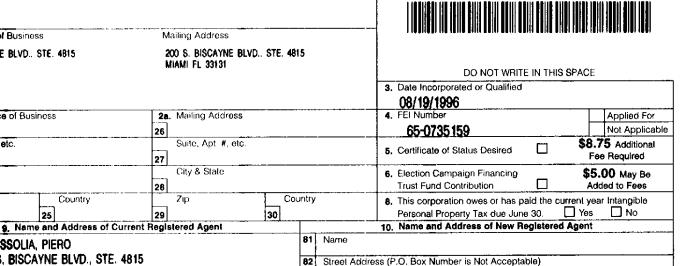
27

28

29

Zio

FILED May 08 1998 8:00am Secretary of State



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.

83 84

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition **DPTS** DELETE AS 1.1 TOTLE TITLE ZERBONE. ALESSANDRO **SORDA, GIUSEPPE** NAME 1.2 NAME VIA ASSAROTTI 15/18 COD. B30 Greco Avenue, Suite 104 STREET ADDRESS 1.3 STREET ADDRESS **GENOVA, ITALY** 1.4 City-ST-ZIP Coral Gables, Fl 33146 CITY-ST-ZIP ■ Addition DELETE Change 2.1 TITLE TITLE RONCO, ROMEO 2.2 NAME NAME **SALITA DELLA PROVIDENZA 6/14** STREET ADDRESS 2.3 STREET ADDRESS **GENOVA, ITALY** 2. 4 CHTY - ST- ZIP CITY+ST-7# Change Addition DELETE 3.1 TITLE TITLE NAME **BORIN. GIUSEPPE** 3.2 NAME VIA MOLFINO 13/15 3.3 STREET ADDRESS STREET ADDRESS GENOVA, ITALY 3.4. C(TY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME FRANCO, GIOVANNI 4.2 NAME VIA MAZZAREI 15 COD. 4.3 STREET ADDRESS STREET ADDRESS MUGGIA, ITALY 4.4 City - St - ZiP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE FRANCO, MAURO 5.2 NAME NAMÉ VIA MAZZAREI 15 COD. STREET ADDRESS 5.3 STREET ADDRESS **MUGGIA, ITALY** CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE NAME **B**USSI, PAOLO 6.2 NAME **SAL. UBALDINI 41/A** 6.3 STREET ADDRESS STREET ADDRESS MUGGIA, ITALY 6.4 CITY - ST - ZIP CITY-ST-ZIP

d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cartify that the information untail innutal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an accept in oftrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied will indicated on this annual report or supplemental officer or director of the corporation or the received. Block 12 or Block 13 if changed, or on a tach nent with an address.

Zip Code