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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 08 1998 8:00am
Secretary of State

DOCUMENT # P96000068874 (2)

1. Corporation Name

EURO CARIBBEAN SERVICE, INC.



Principal Place of Business

Mailing Address

200 S. BISCAYNE BLVD., STE. 4815
MIAMI FL 33131

200 S. BISCAYNE BLVD., STE. 4815
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALUSSOLIA, PIERO
200 S. BISCAYNE BLVD., STE. 4815
MIAMI FL 33131

81 Name

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

83

84 City

FL

85

Zip Code

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 DPTS
NAME SORDA, GIUSEPPE
STREET ADDRESS VIA ASSAROTTI 15/18 COD.
CITY-ST-ZIP GENOVA, ITALY

1.1 TITLE AS
1.2 NAME ZERBONE, ALESSANDRO
1.3 STREET ADDRESS 330 Greco Avenue, Suite 104
1.4 CITY-ST-ZIP Coral Gables, FL 33146

TITLE D
NAME RONCO, ROMEO
STREET ADDRESS SALITA DELLA PROVIDENZA 6/14
CITY-ST-ZIP GENOVA, ITALY

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME BORIN, GIUSEPPE
STREET ADDRESS VIA MOLFINO 13/15
CITY-ST-ZIP GENOVA, ITALY

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME FRANCO, GIOVANNI
STREET ADDRESS VIA MAZZAREI 15 COD.
CITY-ST-ZIP MUGGIA, ITALY

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME FRANCO, MAURO
STREET ADDRESS VIA MAZZAREI 15 COD.
CITY-ST-ZIP MUGGIA, ITALY

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME BUSSI, PAOLO
STREET ADDRESS SAL. UBALDINI 41/A
CITY-ST-ZIP MUGGIA, ITALY

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

Alessandro Zerbone

(305) 373-7016

CP2E034 (10/97)