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

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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075661 (4)

EURO DYES AND CHEMICALS, INC.

Principal Place of Business Mailing Address 8071 N.W. 5TH STREET PEMBROKE PINES PL 33024 8971 N.W. 5TH STREET PEMBROKE PINES FL 33024-6405 3a. Date of Last Report 3. Date Incorporated or Qualified 09/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0706770 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Zip . Country Co 24

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9. Name and Address of Current Registered Agent BRANDT, MAUDE C **6971** N.W. 5TH STREET PEMBROKE PINES FL 33024

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	Trust Fund Contribution Added to Fees
untry	 This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yos No
Ţ	10. Name and Address of New Registered Agent
81	Name Moude L Parandt
82	Street Address (P.O. Box Number is Not Accordable) OR.
83	
84	City 0 = in Q0 b Y = 0 in FS Pi 85 Zip Code

FILED

May 02 1997 8:00am

Secretary of State

Applied For

Fee Required

Not Applicable

FL | 33,35/ 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: Registèred Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 THE BRANDT, MAUDE C NAME 1.2 NAME 8971 N.W. 5TH STREET STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33024 ĆITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.11016 Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHTY-ST-ZIP TITLE DELETE Change 4.1 THLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-71P DELETE TIME 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do 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 offect 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 or on an allachment with an add