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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

CITY-S1-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Secretary of State

(96/6)

CR2E034

Davime Phone #

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # **P96000075808 (1)**

EUROPEAN TRADE ASSOCIATION, INC.

Mailing Address Principal Place of Business 320 N.W. 100TH AVENUE 320 N.W. 100TH AVENUE PLANTATION FL 33324-7059 PLANTATION FL 33324 3. Date Incorporated or Qualified 3a. Date of Last Report 09/11/1996 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 45-07 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Z_{P} 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WEINBERG, LEO 320 N.W. 100TH AVENUE Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 **B3** Zip Code RΔ City 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 to 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. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE Ша WEINBERG, LEO NAMI 1.2 NAME 320 N.W. 100TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL 33324 CITY - ST - ZIE 1.4 CITY-ST-ZIP Addition DELETE Change THE 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CHTY - ST - ZIF DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-\$1-7/2 DELETE Change Addition 4 1 TITLE TIFLE 4 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZP DELETE Change Addition 51 TITLE TITLE 52 NAME NAMI **5.3 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CHY-ST-ZiP DELETE Change Addition FILE 61 TITLE 6.2 NAME NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

> > DIRECTOR

Date

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 effect as if made under eath; 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 change 1, or on an attachment with an address.