


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

FILED

Apr 11 1997 8:00am  
Secretary of State

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>  |  |  |   | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| <b>DOCUMENT # P96000101934 (3)</b>  |  |   |   |   |  |
| 1. Corporation Name<br><b>PREMIER EUROPEAN REALTY, INC. P.A.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>7808 ROLLING RIDGE CT<br/>ORLANDO FL 32835</b>  |  |   | Mailing Address<br><b>7808 ROLLING RIDGE CT<br/>ORLANDO FL 32835-5379</b> |   |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified<br><b>12/16/1996</b>  |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc.  |   | 3a. Date of Last Report   |  |
| 22 City & State   |  | 27 City & State   |   | 4. FEI Number<br><b>59-3427519</b>  |  |
| 23 Zip  |  | 28 Zip  |   | Applied For<br>Not Applicable   |  |
| 24 Country  |  | 29 Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
|   |  |   |   | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                       |  |
|   |  |   |   | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>QUETIER, BERNARD<br/>7808 ROLLING RIDGE CT<br/>ORLANDO FL 32835</b>   |  |   | 10. Name and Address of New Registered Agent                              |   |  |
|   |  |   | 81 Name   |   |  |
|   |  |   | 82 Street Address (P.O. Box Number is Not Acceptable)                     |   |  |
|   |  |   | 83  |   |  |
|   |  |   | 84 City   |   |  |
|   |  |   | 85 Zip Code   |   |  |
|   |  |   | <b>FL</b>   |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |  |   |   |   |  |
| 12. OFFICERS AND DIRECTORS  |  |   |   |   |  |
| 1.1 TITLE <input type="checkbox"/> DELETE   |  |   |   |   |  |
| 1.2 NAME <b>QUETIER, BERNARD</b>  |  |   |   |   |  |
| 1.3 STREET ADDRESS <b>7808 ROLLING RIDGE CT</b>   |  |   |   |   |  |
| 1.4 CITY - ST - ZIP <b>ORLANDO FL 32835</b>   |  |   |   |   |  |
| 2.1 TITLE <input type="checkbox"/> DELETE   |  |   |   |   |  |
| 2.2 NAME  |  |   |   |   |  |
| 2.3 STREET ADDRESS  |  |   |   |   |  |
| 2.4 CITY - ST - ZIP   |  |   |   |   |  |
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| 3.3 STREET ADDRESS  |  |   |   |   |  |
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| 4.1 TITLE <input type="checkbox"/> DELETE   |  |   |   |   |  |
| 4.2 NAME  |  |   |   |   |  |
| 4.3 STREET ADDRESS  |  |   |   |   |  |
| 4.4 CITY - ST - ZIP   |  |   |   |   |  |
| 5.1 TITLE <input type="checkbox"/> DELETE   |  |   |   |   |  |
| 5.2 NAME  |  |   |   |   |  |
| 5.3 STREET ADDRESS  |  |   |   |   |  |
| 5.4 CITY - ST - ZIP   |  |   |   |   |  |
| 6.1 TITLE <input type="checkbox"/> DELETE   |  |   |   |   |  |
| 6.2 NAME  |  |   |   |   |  |
| 6.3 STREET ADDRESS  |  |   |   |   |  |
| 6.4 CITY - ST - ZIP   |  |   |   |   |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |   |   |  |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |   |  |
| 1.2 NAME  |  |   |   |   |  |
| 1.3 STREET ADDRESS  |  |   |   |   |  |
| 1.4 CITY - ST - ZIP   |  |   |   |   |  |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |   |  |
| 2.2 NAME  |  |   |   |   |  |
| 2.3 STREET ADDRESS  |  |   |   |   |  |
| 2.4 CITY - ST - ZIP   |  |   |   |   |  |
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| 3.3 STREET ADDRESS  |  |   |   |   |  |
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| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |   |  |
| 4.2 NAME  |  |   |   |   |  |
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| 6.3 STREET ADDRESS  |  |   |   |   |  |
| 6.4 CITY - ST - ZIP   |  |   |   |   |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001035

CR2E034 (9/96)