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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jun 23 1998 8:00am
Secretary of State

DOCUMENT # **P97000009486 (6)**

1. Corporation Name
EURO FOODS, CORP.

Principal Place of Business
15321 SOUTH DIXIE HIGHWAY STE 207
MIAMI FL 33157-1814

Mailing Address
15321 SOUTH DIXIE HIGHWAY STE 207
MIAMI FL 33157-1814

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/27/1997

4. FEI Number 65-0737537 | Applied For | Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business
21 7384 S.W. 40 ST.
Suite, Apt. #, etc.
22
City & State
23 Miami, Florida
Zip
24 33155
Country
25 USA

2a. Mailing Address
26 8029 NW 60 Street
Suite, Apt. #, etc.
27
City & State
28 Miami, Florida
Zip
29 33166
Country
30 USA

9. Name and Address of Current Registered Agent
CONTESSA, PAUL N
15321 SOUTH DIXIE HIGHWAY STE 207
MIAMI FL 33157-1814

10. Name and Address of New Registered Agent
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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	[X] DELETE
NAME	CONTESSA, PAUL N	
STREET ADDRESS	15321 SOUTH DIXIE HIGHWAY STE 207	
CITY-ST-ZIP	MIAMI FL 33157-1814	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	[X] Change [ ] Addition
1.2 NAME	ALBERTO R. ABRANTE	
1.3 STREET ADDRESS	P.O. BOX 520631	N/A
1.4 CITY-ST-ZIP	MIAMI, FL 33152	
2.1 TITLE	VICE-PRESIDENT	[ ] Change [X] Addition
2.2 NAME	JOSE A. ABRANTE	
2.3 STREET ADDRESS	9531 S.W. 27 DR	
2.4 CITY-ST-ZIP	MIAMI, FL 33165	
3.1 TITLE	SECRETARY	[ ] Change [X] Addition
3.2 NAME	JOSE A. ABRANTE Jr.	
3.3 STREET ADDRESS	P.O. BOX 526303	N/A
3.4 CITY-ST-ZIP	MIAMI, FL 33152	
4.1 TITLE	TREASURER	[ ] Change [X] Addition
4.2 NAME	JOSE M. ABRANTE	
4.3 STREET ADDRESS	P.O. BOX 526303	N/A
4.4 CITY-ST-ZIP	MIAMI, FL 33152	
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME	400002570834	
6.3 STREET ADDRESS	-06/24/98--01063--028	
6.4 CITY-ST-ZIP	***158.75	

CR2E034 (10/97)

6/23

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.

SIGNATURE: Abrante 4/22/98