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**

DOCUMENT # P97000038352 (5)

EUROPA MANAGEMENT CORP.

Principal Place of Business

Mailing Address

4991-N.W. 77 AVENUE #306

-0801 N.W. 77 AVENUE #300-

FILED Apr 29 1998 8:00am Secretary of State



MIAMI FL 33	166	MIAMI FL 33166		DO NOT WOITE IN T	110 CD 1 CE
				DO NOT WRITE IN TI 3. Date Incorporated or Qualified	HIS SPACE
	•			04/28/1997	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 69/	5 N.W 77" AVF	26		65-0757006	Not Applicable
Suite, Apt. 22 /////	mi P	Suite, Apt. #, etc. 27 69/51/.W	77 405	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	ee	City & Shate 28 MIH MI	•	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
710	166 25 FLA	^{Zip} 33166 3	Country FLA	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	red Agent
	LOMINO, MARIA S		81 Name		• • •
-6801 N.W. 77 AVENUE 4806 NEW ADDRESS 82 Street Ac				ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33166					
6	915 N.W 77 AVE	NUE	83		
M	AMI FL 33166 915 N.W 77 AVE DIAMI FLA 33	166	84 City		B5 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, typod or printed name of registured agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12,	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	MANAGER	DELETE	1.1 TITLE		Change Addition
NAME	STELLA PALOM	1412	1.2 NAME		
STREET ADDRESS	SIBCLA FAZOM	THE ALBRA	1.3 STREET ADDRESS		
CITY-ST-ZIP	1663 N. E. 1825	1. N. MO33162	1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP		Change Addition
NAME		C Detects	31 TITLE		Change Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3 3 STREET ADDRESS 3 4. CITY - ST - ZIP		
TITLE	******	DELETE	4.1 TiTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-ZiP			4 4 CtTY - ST - ZIP		
TITLE		DELE te	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
14. Thereby o	ertify that the information supplied with	this tiling does not qualify for t	the exemption stated in	Section 119.07(3)(i), Florida Statutes, I furthe	r certify that the information

Indicated on this annual report or suppliermental 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.

983-5400