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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P97000039629 (5)

Corporation Name
EUROCENTER, INC.

[redacted]

Principal Place of Business
1700 S FEDERAL HWY
LAKE WORTH FL 33160

Mailing Address
1700 S FEDERAL HWY
LAKE WORTH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1997

4. FEI Number: 65-0841874 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $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

Principal Place of Business | 2a. Mailing Address 26

Suite, Apt. #, etc. | Suite, Apt. #, etc. 27

City & State | City & State 28

Zip | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

WESTMAN, ORELS
1700 S FEDERAL HWY
LAKE WORTH FL 33160

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 607.0505, 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 ______ 4/23/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOGLUND, BORJE
STREET ADDRESS	1700 S. FEDERAL HWY, LAKE WORTH
CITY-ST-ZIP	~~FL 33460~~
TITLE	VP
NAME	LAGUS JOHAN
STREET ADDRESS	UUDENMAANK. 27B, 00120 HELSINKI
CITY-ST-ZIP	
TITLE	D
NAME	SAIMANEN MATTI
STREET ADDRESS	BEMBÖLENTIE 17A, 02700 KAUNIAINEN
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE (each block)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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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: SIGNATURE / Borje Hoglund
Florida, April 23, 1998/Tel. 561-582-1700