

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000065525 (2)**

1. Corporation Name

EURO-AMERICAN MARKETING RESOURCES, INC.



Principal Place of Business

**4540 HIGHWAY 20 EAST
NICEVILLE FL 32578**

Mailing Address

**P.O. BOX 5220
NICEVILLE FL 32578**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1997	
21 90 EDGEWATER DRIVE Suite, Apt. #, etc.	26 90 EDGEWATER DRIVE Suite, Apt. #, etc.	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 SUITE # 1004 City & State	27 SUITE # 1004 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 CORAL GABLES, FLORIDA Zip	28 CORAL GABLES, FLORIDA Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33133	25 33133	29 33133		30 33133	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PIZZIOLI, SERGIO 4540 HIGHWAY 20 EAST NICEVILLE FL 32578				81 Name PIZZIOLI SERGIO	
				82 Street Address (P.O. Box Number is Not Acceptable) 90 EDGEWATER DRIVE	
				83	
				84 City CORAL GABLES FL 85 Zip Code 33133	

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]* **SERGIO PIZZIOLO** SECRETARY DATE **4/22/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINICIO PIZZIOLO	1.2 NAME	
STREET ADDRESS	VIA PIGNOLO 24	1.3 STREET ADDRESS	
CITY-ST-ZIP	BERGAMO ITALY	1.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERGIO PIZZIOLO	2.2 NAME	
STREET ADDRESS	90 EDGEWATER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	2.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINICIO PIZZIOLO	3.2 NAME	
STREET ADDRESS	VIA PIGNOLO 24	3.3 STREET ADDRESS	
CITY-ST-ZIP	BERGAMO ITALY	3.4 CITY-ST-ZIP	
TITLE	REGISTERED AGENT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERGIO PIZZIOLO	4.2 NAME	
STREET ADDRESS	90 EDGEWATER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)