

5498-B6326C

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000079455 (6)**

1. Corporation Name  
**EURO TRANSMISSION CORPORATION**




Principal Place of Business <del>6000 SW 8 STREET</del> <del>MIAMI FL 33144</del>	Mailing Address <del>6000 SW 8 STREET</del> <del>MIAMI FL 33144</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>10403 SW 186 ST</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>10403 SW 186 ST.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/12/1997</b>	
22 City & State <b>Miami, FL</b>		27 City & State <b>Miami, FL</b>		4. FEI Number <b>65-0780468</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 Zip <b>33157</b>		28 Zip <b>33157</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent <b>CRUZ, HECTOR</b> <del>6000 SW 8 STREET</del> <del>MIAMI FL 33144</del>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>10403 SW 186 ST.</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33157</b>	
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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  **Hector Cruz** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRUZ, HECTOR</b>	1.2 NAME	
STREET ADDRESS	<b>7791 SW 19 ST ET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRUZ, MARITZA</b>	2.2 NAME	
STREET ADDRESS	<b>7791 SW 19 ST ET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRUZ, OSCAR</b>	3.2 NAME	
STREET ADDRESS	<b>8895 SW 37 ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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.

SIGNATURE  **Hector Cruz**

(305) 252-7411

CR2E034 (10/97)