


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

FILED

Apr 27 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 # P97000095107 (3)

1. Corporation Name
EUROTECH (USA), INC.



Principal Place of Business 1897 PALM BEACH LAKES BLVD. SUITE 210 WEST PALM BEACH FL 33409	Mailing Address 1897 PALM BEACH LAKES BLVD. SUITE 210 WEST PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2206 W. ATLANTIC AVE. Suite, Apt. #, etc. 22 201 City & State 23 DELRAY BEACH, FL. Zip 24 33444 Country 25 U.S.A.		2a. Mailing Address 26 2206 W. ATLANTIC AVE. Suite, Apt. #, etc. 27 201 City & State 28 DELRAY BEACH, FL. Zip 29 33444 Country 30 U.S.A.		3. Date Incorporated or Qualified 11/05/1997	4. FEI Number 65-0794449	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent LEVINE, BRAHM D 1897 PALM BEACH LAKES BLVD. SUITE 210 WEST PALM BEACH FL 33409				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 515 N. FLAGLER DRIVE, SUITE 300 PAVILION 84 City WEST PALM BEACH FL 85 Zip Code 33401			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINE, BRAHM D			1.2 NAME			
STREET ADDRESS	1897 PALM BEACH LAKES BLVD.			1.3 STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BEACH FL 33409			1.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	WOLFE, JASON		
STREET ADDRESS				2.3 STREET ADDRESS	10 GROVE PARK		
CITY - ST - ZIP				2.4 CITY - ST - ZIP	WESTMOUNT QUEBEC CANADA		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	HIESS, JOE		
STREET ADDRESS				3.3 STREET ADDRESS	6100 DEACON RD. APT. 8B		
CITY - ST - ZIP				3.4 CITY - ST - ZIP	MONTREAL, QUEBEC H3S 2V6, CANADA		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	FELDMAN, MICHAEL		
STREET ADDRESS				4.3 STREET ADDRESS	163 GLENGARRY ROAD		
CITY - ST - ZIP				4.4 CITY - ST - ZIP	TOWN OF MOUNT ROYAL, QUEBEC, H3R 1A3 CANADA		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	VAISER, SENDER		
STREET ADDRESS				5.3 STREET ADDRESS	2206 W. ATLANTIC AVE. SUITE 201		
CITY - ST - ZIP				5.4 CITY - ST - ZIP	DELRAY BEACH, FL. 33444		
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 in attachment with an address.

SIGNATURE: _____ APRIL 6, 1998

CR2E034 (10/97)