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 # P97000098273 (0)

A LITTLE EUROPEAN, INC.

Principal Place of Business

Mailing Address

9722 OREGON ROAD

9722 OREGON ROAD

FILED May 11 1998 8:00am Secretary of State



BOCA RATON FL 33434		BOCA RATON FL 33434				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						11/18/1997
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				(05-625478() Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State		City & State				Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Ζίρ	⊢	untry		8. This corporation owes or has paid the current year Intangible
24	[25]	29	30			Personal Property Tax due June 30. Yes No N#
g. Name and Address of Current Registered Agent				81	Name	10, Name and Address of New Hogistered Agent
Punales, Heather A				,	Harrie	
	OREGON ROAD			82	Street A	ddress (P.O. Box Number is Not Acceptable)
BOCA	RATON FL 33434			83	 	
				03	1	
				84	City	FL 85 Zip Code
dd Dawnaddad	the marie and Castings COT OF	02 and 007 1500. Florida Plat	tutos tho s) have	L semed s	corporation submits this statement for the purpose of changing its registered
office or regi	i ste red agent, or both, in the Sta	io)of Florida. Such change wa	is authorize	ed by	the corps	oration's board of directors. I hereby accept the appointment as registered
agent. I am	inniliar with, and accept the offi	gations of Section 607.0505,	Figrida Sta	tute:	3 -6	100 -4129/90
SIGNATURE 🦼	nature, lyped or printed name of registered a	TAMELAND IN THE PROPERTY OF THE PARTY OF THE	PICAT	1/0		of Ired when reinstating) DATE
12.		ND DIRECTORS	13.	ou ngo	in algorithm is	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 T	ITLE		Change Addition
	PUNALES, HEATHER A		1.2 N	NAME		
	9722 OREGON ROAD		1,3.5	STREET	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 (CITY-S	ST-ZIP	
TITLE		☐ DELETE	2.11			Change Addition
NAME			2.2 N	2.2 NAME		
STREET ADDRESS	DRESS		2.3 5	2.3 STREET ADDRESS		
CITY-ST-ZIP	>		2.4	2. 4 CHTY~ST-ZIP		
TITLE	DELETE			3.1 TITLE		Change Addition
NAME	NAME		3.2 1	3.2 NAME		•
STREET ADDRESS			3.3 5	STREET	ADDRESS	
CITY-ST-ZIP			3.4.	CITY - !	S1-ZIP	
TITLE		DELETE	4.17	TITLE		Change Addition
NAME			4 2	NAME		
STREET ADDRESS			4.3 5	STREET	r address	
CITY-ST-ZIP			4.4 (OITY-S	ST-24P	
TITLE		DELETE	5.11	TITLE		Change Addition
NAME			5.21	NAME		•
STREET ADDRESS			5.3 5	STREET	ADDRESS	
CITY-ST-ZIP	_		5.40	CITY - S	ST-ZIP	
TITLE		DELETE	6.1 1	TITLE		Change Addition
NAME			6.21	NAME		
STREET ADDRESS			6.3 5	STREET	ADDRESS	
CITY-ST-ZIP			6.4 (CITY-S	ST-ZIP	
		2.5 .5 . 20				die Continue 440 07(0)(i) Florido Ciatados I factbor contifa that the Information

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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that in an information of 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 changer, or on an attachment with an address.