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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000106494 (2)

EAST EUROPEAN MANAGEMENT, INC.

FILED Apr 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3191 CORAL WAY SUITE 904 3191 CORAL WAY SUITE 904 MIAMI FL 33145 MIAMI FL 33145 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1997 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-080298 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 33/45-32 18 30 24 33/45-3218 25 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PONCE, S. DANIEL ESQ HANZMAN CRIDEN KORGE & CHAYKIN, P.A. 62 Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYNE BLVD SUITE 2100 83 **MIAMI FL 33131** 84 City Zip Code 85 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. (NOTE: Registered Agont signature required when reinstating) Signature, typed or printed name of registrical agent and other diapplicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 THLE , Chairman f PEREZ, JOHN 1.2 NAME NAME 3191 CORAL WAY SUITE 904 STREET ADDRESS 1.3 STREET ADDRESS Coral MIAMI FL 33145 <u>liami</u> CITY-ST-ZIP 1.4 CITY - ST - ZIP X Addition DELETE 2.1 TITLE TITLE Hansen Karl NAME 2.2 NAME 3191 Coral Way, Svite 904 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST- ZIF CITY-ST-ZIP DELETE 4.1 THLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ___ Addition

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 trust e 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, even in attainment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

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