

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000109162**

1. Corporation Name
NEW EURO ENTERPRISES, INC.

FILED

99 DEC -6 AM 10:43

SECRETARY OF STATE



08/10/99 90017047 #150
DO NOT WRITE IN THIS SPACE

Principal Place of Business
6376 ASPEN GLEN CIRCLE
BLDG. #63, UNIT 5
BOYTON BEACH FL 33437

Mailing Address
6376 ASPEN GLEN CIRCLE
BLDG. #63, UNIT 5
BOYTON BEACH FL 33437

| | | | | | | | |
|--------------------------------|--|---------------------|--|-------------------------------------------------------------------------|--|----------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 01-6649560 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation owes the current year Intangible Personal Property. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| Zip | | Zip | | 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 24 | | 29 | | 83 | | 84 City | |
| Country | | Country | | 85 | | Zip Code | |
| 25 | | 30 | | FL | | 85 | |

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 | | | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| NAME | MILLS, RICHARD | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 6376 ASPEN GLEN CIRCLE, BLDG. #63, UNIT #5 | | | | |
| CITY-ST-ZIP | BOYTON BEACH FL 33437 | | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 2.1 TITLE | |
| NAME | MILLS, JONATHAN | | | 2.2 NAME | |
| STREET ADDRESS | 6376 ASPEN GLEN CIRCLE, BLDG. #63, UNIT #5 | | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYTON BEACH FL 33437 | | | 2.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | |
| NAME | | | | 3.2 NAME | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | |
| NAME | | | | 4.2 NAME | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | |
| 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 | |
| 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: Richard P. Mills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/99 508-620-0335
Date Daytime Phone #

SP

CR2E034 (5/99)

**Samet &
Company PC**
*Certified Public Accountants
& Business Advisors*
Members of the Massachusetts Society of CPAs
Members of the American Institute of CPAs

Florida Department of State
Katherine Harris
Secretary Of State
Division of Corporations

11/22/99

Re: New Euro Enterprises, Inc
ID # 01-6649560
Document # P97000109162

To whom it may concern:

On August 3, 1999 New Euro Enterprises, Inc filed, on second notice, its 1999 Profit Corporation Annual Report (copy enclosed) and remitted the required payment for late filing. We have recently received a "Notice of Administrative Dissolution or Revocation" from the State of Florida indicating the above named corporation was dissolved on September 24, 1999.

Due to our actions in filing the Annual Report as required, and paying the fees due prior to the September 24, 1999 due date, we are at a loss as to why this action of dissolution was initiated. We believe this action may have resulted from unintentional administrative delays in recording our filing at the Florida Secretary of State office as opposed to our blatant disregard of the Florida statutes. Due to our good faith compliance and timely filing of the Annual Report, along with the required payment, we respectfully request that this dissolution be reversed and the Corporation be reinstated.

Sincerely yours,


Ronald P. Mutascio CPA, MST