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 FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT 99 DEC 22 AM 11: 56 Secretary of State 1999 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P98000003551 Euro Elite Principal Place of Business Mailing Address Luxridge Road 6te 30 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc... Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5:00-May 6e 23 28 Trust Fund Contribution Added to Fees Žio. Country Ζip Country 8. This corporation owes the current year 24 25 29 30 Intangible Personal Property. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 83 32835 85 Zip Code 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. agent, I am falailli SIGNATURE d name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE President DELETE Change ___ Addition Reynd Zabin 2006 Griffy Gran NAME 12 NAME 8000003087788 -01/04/00--01076--013 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIF 1 4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE NAME 2 2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY ST-ZIP 2.4 CITY-ST-ZII TITLE DELETE 3.1 TITLE ____ Change ____ Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-Z# 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE ____ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-Z6 4.4 CITY-ST-ZIP 5.1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-51-ZIF CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filting 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 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOTAL P.02

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December 12, 1999

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Gentlemen:

It has come to our attention that our Corporation has been disolved by the Florida Department of State.

We never received any notice to renew the corporation and would like to renew this Corporation.

When the Corporation was formed, it was formed under a different name and address. We sent in the necessary paperwork to change the name and address. The name was changed but not the address. The notice to renew the corporation was sent to the old address.

We therefore request that we be able to renew the Corporation for the original filing fee amount. Enclosed please find the renewal papers and the filing fee.

Sincerely;

Reyed Abraham, President