FILED Mar 14, 2000 8:00 am Secretary of State

EUROPEAN TOUCH CLEANERS, INC.								03-14-2000 90004 019 ***150.00								
Principal Place	of Busines	<u> </u>	Mailing Address													
1911 S FEDERAL HWY DELRAY BCH FL 33483 US			1911 S FEDERAL HWY DELRAY BCH FL 33483-3325 US													
2. Principal Pl	ace of Busir	ness	3. Mailing Address C/O BLAKES BERGY Co. CAN			o, CAN										
Suite, Apt. #, etc.			Suite, Apt. #, etc. 9545WFOYRTH AVENUE			"	·		DO NO	T WRITE	E IN THIS	3 SP/				
City & State			City & State Boca Rator	Country	L		4. FEI N	4. FEI Number 65-0856129							plicable	
Zip		33432-5803			· 				Status Des			Fe	8.75 A		nal 	
1 2212	6. Name	and Address of Current	Registered Agent	<del>-                                    </del>	Name		7. Name	and Ad	dress of I	New He	gisterea	Age	ent			
GREE 7000 BOC/	L		ddress (P.	O. Box N	umber is	Not Acce	ptable)									
				-	City		<del></del> -				F۱		Zip Co	ode		
SIGNATURE		y submits this statement for or printed name of registered agent.	or the purpose of changing its re				d agent, o	- <u></u>	n the State	e of Flor	ida.					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! F  After MAY 1, 2000  Make Check Payable 1					II be \$5!	50.00	- []		on Campa Fund Contr	*				. <b>00</b> M ed to F	lay Be	
			Make Check Payable		arment	OI State				0 0 = E.	2570.411	<del></del> -		70 (1)		
TITLE NAME STREET ADDRESS	1041 SW	OFFICERS AND RIAN, ESTPHAN 10TH AVE	DIRECTORS  Delete		ADDRESS	7200		**	ANGES TO		3349		Change		Addition	
CITY-ST-ZIP		<del>TON FL 33486</del>		CITY-ST	1-ZIP	1000	AF	hran	12		צו ככ	<u></u> -			1	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	1 <del>041 SW</del>	RIAN, SHAKIE -10TH-AVE -1TON FL 33486	☐ Delete	TITLE NAME STREET	ADDRESS (-ZIP	7200	NW: A RA	2+0A	T.	3	348-	7 _	Change		Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS I-ZIP	<u>-</u>	*		-				□ Change	:	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS I-ZIP			·				Ε	Change		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	address 1-zip			_		_			Change		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	address 1-zip								Change		Addition	
13.   hereby c	ertify that th	e information supplied with	this filing does not qualify for the	ne exemp	otion stat	ed in Sec	tion 119.0	07(3)(i), F	lorida Sta	tutes. I	further co	ertify	y that the	e inform	nation	

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059095

1. Entity Name

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under eath; that I am an officer or director of the corporation or the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 14. 2000

Daytime Phone #