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EMPIRE CORP

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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90072 030 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

1998 9

DOCUMENT # p98000069591

1. Corporation Name

EURO-LINE ENTERPRISES CORPORATION

Principal Place of Business Mailing Address
 1221 Brickell Ave. Ste 904 1221 Brickell Ave, Ste 904
 Miami, Fl 33131 Miami, Fl 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 262 Miracle Mile		26 Roth, Rouso & Benjamin, P.A.		8/10/98	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FCI Number	
22		27 PH2, 9350 S. Dixie Hwy.		65-0856082	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Coral Gables, Fl		28 Miami, FL		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
24 33134		29 33156		Country USA	
Country USA		Country USA			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Leonardo A. Roth, Esq. 9350 S. Dixie Hwy., PH2 Miami, Fl 33156				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ED	☐ DELETE
NAME	Schenquerman, William A.	
STREET ADDRESS	1221 Brickell Ave., Ste 904	
CITY - ST - ZIP	Miami, Fl 33131	
TITLE	VD	☐ DELETE
NAME	Wainer, Javier	
STREET ADDRESS	1221 Brickell Ave., Ste 904	
CITY - ST - ZIP	Miami, Fl 33131	
TITLE	TD	☐ DELETE
NAME	Kratman, Osvaldo	
STREET ADDRESS	1221 Brickell Ave., Ste 904	
CITY - ST - ZIP	Miami, Fl 33131	
TITLE	SD	☐ DELETE
NAME	Schenquerman, Guillermo	
STREET ADDRESS	1221 Brickell Ave., Ste 904	
CITY - ST - ZIP	Miami, Fl 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	262 Miracle Mile
1.4 CITY - ST - ZIP	Miami, Fl 33134
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	262 Miracle Mile
2.4 CITY - ST - ZIP	Miami, Fl 33134
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	262 Miracle Mile
3.4 CITY - ST - ZIP	Miami, Fl 33134
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	262 Miracle Mile
4.4 CITY - ST - ZIP	Miami, Fl 33134
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 insuror 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature: Name, #

CR2E034 (10/97)