


AMOUNT DUE ON OR BEFORE 08/15/99: \$500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90270 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000085321

1. Corporation Name
EURO-COLLECTION, INC.



Principal Place of Business 1 NE 1ST STREET STE 330 MIAMI FL 33132	Mailing Address 1 NE 1ST STREET STE 330 MIAMI FL 33132
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1 N.E. 1ST STREET STE 330	26	SAME.	10/05/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0867054	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24	33132	29	SAME	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
MANRIQUE, ANGEL JR 1 NE 1ST STREET STE 330 MIAMI FL 33132		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City			
		85 Zip Code			
		FL			

9. Name and Address of Current Registered Agent
MANRIQUE, ANGEL JR
1 NE 1ST STREET STE 330
MIAMI FL 33132

10. Name and Address of New Registered Agent
 81 Name **N/A**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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 _____ DATE _____
Signature, typed or printed 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANRIQUE, ANGEL	1.2 NAME	
STREET ADDRESS	1 NE 1ST STREET STE 330	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANRIQUE, ANGEL JR	2.2 NAME	
STREET ADDRESS	1124 11 WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANRIQUE, JOSE A	3.2 NAME	
STREET ADDRESS	1124 11 WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANRIQUE, FRANCISCO	4.2 NAME	
STREET ADDRESS	1124 11 WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ANGEL MANRIQUE JR. 8-12-99 305381-8833
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E094 (5/99)