

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90145 009 ***150.00

DOCUMENT # P98000090496

1. Corporation Name

EUROPEAN EXPORT GROUP, INC.



Principal Place of Business

Mailing Address

~~3543 SO. OCEAN BLVD.~~

~~#110~~

~~SO. PALM BEACH FL 33480~~

~~3543 SO. OCEAN BLVD.~~

~~#110~~

~~SO. PALM BEACH FL 33480~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1998

4. FEI Number

65-0874338

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 21355 TOWN LAKES DR

26 21355 TOWN LAKES DR

Suite, Apt. #, etc.

1413

Suite, Apt. #, etc.

1413

City & State

23 BOCA RATON FL

City & State

28 BOCA RATON FL

Zip

24 33486

Country

25 USA

Zip

29 33486

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAJAS, MARKO

~~3543 SO. OCEAN BLVD.~~

~~#110~~

~~SO. PALM BEACH FL 33480~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

21355 TOWN LAKES DR

#1413

84 City BOCA RATON

FL

85 Zip Code

33486

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MAJAS, MARKO

STREET ADDRESS ~~3543 SO. OCEAN BLVD.~~

CITY-ST-ZIP ~~SO. PALM BEACH FL 33480~~

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

21355 TOWN LAKES DR #1413
BOCA RATON FL 33486

TITLE ☐ DELETE

NAME SARDIS, RAINER

STREET ADDRESS ~~3543 SO. OCEAN BLVD.~~

CITY-ST-ZIP ~~SO. PALM BEACH FL 33480~~

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

21355 TOWN LAKES DR #1413
BOCA RATON FL 33486

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 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 with all other like empowered.

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/99

CR2E034 (11/98)