

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
96 AUG 29 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 516305
1. Corporation Name
EUROPEAN IMPEX AGENCY, INC

Principal Place of Business Mailing Address
**611 SE. 12 street - same -
POMPANO BEACH, FL 33060.**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 12.05.1990	3a. Date of Last Report 04.22.1994
4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MARC BELHOSTE 611 SE 12 Street POMPANO BEACH, FL 33060.				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	MARC BELHOSTE - President			11	TITLE		
NAME	611 SE 12 Street			12	NAME		
STREET ADDRESS	POMPANO BEACH, FL 33060			13	STREET ADDRESS		
CITY-ST-ZIP				14	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE			21	TITLE		
NAME				22	NAME		
STREET ADDRESS				23	STREET ADDRESS		
CITY-ST-ZIP				24	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE			31	TITLE		
NAME				32	NAME		
STREET ADDRESS				33	STREET ADDRESS		
CITY-ST-ZIP				34	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE			41	TITLE		
NAME				42	NAME		
STREET ADDRESS				43	STREET ADDRESS		
CITY-ST-ZIP				44	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE			51	TITLE		
NAME				52	NAME		
STREET ADDRESS				53	STREET ADDRESS		
CITY-ST-ZIP				54	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE			61	TITLE		
NAME				62	NAME		
STREET ADDRESS				63	STREET ADDRESS		
CITY-ST-ZIP				64	CITY-ST-ZIP		

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MWB
9-5-94

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 corrected with an address.

SIGNATURE: MWB President - 07.24.1996 9281714

CR2E034 (12/95)