

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S39959 (9)
1. Corporation Name
FITTIPALDI - EURO FASHIONS, INC.

Principal Place of Business Mailing Address
950 S. MIAMI AVENUE 950 S. MIAMI AVENUE
MIAMI FL 33130 MIAMI FL 33130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9700 Collins Avenue Suite, Apt. #, etc. 22 City & State 23 Bal Harbour, FL 24 Zip 33154 25 Country USA		2a. Mailing Address 26 9700 Collins Avenue Suite, Apt. #, etc. 27 City & State 28 Bal Harbour, FL 29 Zip 33154 30 Country USA		3. Date Incorporated or Qualified 03/22/1991 4. FEI Number 65-0270070 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent YANOWITCH, PETER J ESQ. 800 BRICKELL AVE. SUITE 550 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	FITTIPALDI, EMERSON	1.2 NAME	800002529358
STREET ADDRESS	950 S MIAMI AVE	1.3 STREET ADDRESS	-05/19/98--01069--020
CITY-ST-ZIP	MIAMI FL 33130-4121	1.4 CITY-ST-ZIP	***150.00
TITLE	VP	2.1 TITLE	
NAME	GOODSTADT, DANIEL	2.2 NAME	
STREET ADDRESS	950 S. MIAMI AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33130	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	President / Director
NAME		3.2 NAME	CARLOS TORADO
STREET ADDRESS		3.3 STREET ADDRESS	763 COLLINS AVE F 304
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE		4.1 TITLE	SECRETARY
NAME		4.2 NAME	MILAGROS PAEZ
STREET ADDRESS		4.3 STREET ADDRESS	763 COLLINS AVE # 304
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE		5.1 TITLE	DIRECTOR
NAME		5.2 NAME	GABRIELA PIZZONI
STREET ADDRESS		5.3 STREET ADDRESS	763 COLLINS AVE # 304
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE		6.1 TITLE	
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:

[Signature] 4-15-98 305-358-9610

CR2E034 (10/97)