


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90006 006 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S39959**

1. Corporation Name  
**FITTIPALDI - EURO FASHIONS, INC.**

Principal Place of Business <b>1700 COLLINS AVENUE BAL HARBOUR FL 33154</b>	Mailing Address <b>9700 COLLINS AVENUE BAL HARBOUR FL 33154</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/22/1991</b>	
4. FEI Number <b>65-0270070</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 <b>IGNACIO G. ZULUETA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6255 BIRD ROAD</b>
83
84 City <b>MIAMI</b>
85 Zip Code <b>FL 33155</b>

1. 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: **IGNACIO G. ZULUETA** **7/6/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

2. OFFICERS AND DIRECTORS

FILE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FITTIPALDI, EMERSON</b>
REET ADDRESS	<b>950 S MIAMI AVE</b>
TY-ST-ZIP	<b>MIAMI FL 33130-4121</b>
FILE	<b>P/D</b> <input type="checkbox"/> DELETE
NAME	<b>CARLOS DERADO</b>
REET ADDRESS	<b>763 COLLINS AVE., #304</b>
TY-ST-ZIP	<b>MIAMI BCH FL 33139</b>
FILE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>NICAGROS PAEZ</b>
REET ADDRESS	<b>763 COLLINS AVE., #304</b>
TY-ST-ZIP	<b>MIAMI BCH FL 33139</b>
FILE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GABRIELA A PIZZORNI</b>
REET ADDRESS	<b>763 COLLINS AVE., #304</b>
TY-ST-ZIP	<b>MIAMI BCH FL 33139</b>
FILE	<input type="checkbox"/> DELETE
NAME	
REET ADDRESS	
TY-ST-ZIP	
FILE	<input type="checkbox"/> DELETE
NAME	
REET ADDRESS	
TY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)