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Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S53642 (2)
1. Corporation Name
EUROPEAN SPECIALTY GROUP, INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|--|
| Principal Place of Business 2600 DOUGLAS RD. SUITE 410 CORAL GABLES FL 33134 US | | Mailing Address 2600 DOUGLAS RD. SUITE 410 CORAL GABLES FL 33134 US | |
| 2. Principal Place of Business 21 1320 S. Dixie Hwy. Suite, Apt. #, etc. 22 Sixth Floor City & State 23 Coral Gables, FL Zip 24 33146 | | 2a. Mailing Address 26 1320 S. Dixie Hwy. Suite, Apt. #, etc. 27 Sixth Floor City & State 28 Coral Gables, FL Zip 29 33146 | |
| Country 25 USA | | Country 30 USA | |
| 9. Name and Address of Current Registered Agent DUNCAN, ROSARIO P 2600 DOUGLAS RD SUITE 410 CORAL GABLES FL 33134 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1320 S. Dixie Hwy., Sixth Floor 83 84 City Coral Gables, FL 85 Zip Code 33146 | |
| 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 | DC | 1.1 TITLE | |
| NAME | SIERRA, ANTONIO M. | 1.2 NAME | |
| STREET ADDRESS | 2600 DOUGLAS RD., #410 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | |
| NAME | MENENDEZ, ROSA MARIA | 2.2 NAME | |
| STREET ADDRESS | 2525 S.W. 27 AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | ST | 3.1 TITLE | |
| NAME | DUNCAN, ROSARIO P. | 3.2 NAME | |
| STREET ADDRESS | 2600 DOUGLAS RD., #410 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| 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:

CR2E034 (10/97)