PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:22

DOCUMENT # V67236 (2)

1. Corporation Name

MASTER EUROPEAN WOODCRAFT, INC.

Principal Place of Business	Mailing Address
4990 S.W. 52ND ST. BAY #210 DAVIE FL 33314	4990 S.W. 52ND ST. BAY #210 DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1992
3a. Date of Last Report: 08/29/1994
4. FEI Number: 65-0364812 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. [ ] — $5.00 May Be Added to Fees
8. Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / 24 / 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / 29 / 30

9. **Name and Address of Current Registered Agent**

STASZKIEWICZ, MAREK K.
4990 S.W. 52ND ST.
BAY #210
DAVIE FL 33314

10. **Name and Address of New Registered Agent**

81 Name
82 (P.O. Box Number is Not Acceptable)
83
84 City FL 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

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	STASZKIEWICZ, MAREK K.
STREET ADDRESS	4990 S.W. 52ND ST.
CITY-ST-ZIP	DAVIE FL 33314

13. [ ] Change [ ] Addition

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 27 / 1995 — Date
305-321-6050 — Daytime Phone #

CR2E034 (3/95)