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

DOCUMENT # **M06115** **(3)**

1. Corporation Name

EAGLE WATER CORPORATION

Principal Place of Business	Mailing Address
7526 NW 8 STREET MIAMI FL 33126 US	5010 NW 4 TERRACE MIAMI FL 33126 US

3. Date Incorporated or Qualified: **10/05/1984**
3a. Date of Last Report: **08/08/1995**
4. FEI Number: **59-2454328** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

AGUILA, ADOLFO Z.
6780 CORAL WAY
SUITE 200
MIAMI FL 33155

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

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 ____________ (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PAULIN, HERCULANO J.		1.2 NAME	
STREET ADDRESS	5010 NW 4 TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PAULIN, JOSE M.		2.2 NAME	
STREET ADDRESS	5010 N.W. 4TH TERR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	D/T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ELVIRA PAULIN		3.2 NAME	
STREET ADDRESS	5010 NW 4TH TERR		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLA.		3.4 CITY-ST-ZIP	
TITLE	D/S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LLABONA MARILUZ		4.2 NAME	
STREET ADDRESS	5010 NW 4TH TERR		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLA.		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: Elvira Paulin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ELVIRA PAULIN - TREASURER

CR2E034 (12/95)