

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000057066

1. Corporation Name

EASTERN NATIONAL HOLDINGS, INCORPORATED

Principal Place of Business

C/O VALDES-FAULI, COBB, BISCHOFF
TWO S BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131-1897

Mailing Address

C/O VALDES-FAULI, COBB, BISCHOFF
TWO S BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131-1897

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90072 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1993

4. FEI Number

65-0438408

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES INC.
C/O VALDES-FAULI, COBB, BISCHOFF
2 S BISCAYNE BLVD., SUITE 3400
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

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

TITLE	DPS	☒ DELETE
NAME	RIERA, FELIX J	
STREET ADDRESS	2 S. BISCAYNE BLVD., STE. 3400	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☒ DELETE
NAME	VALLE, ISIS	
STREET ADDRESS	2 S. BISCAYNE BLVD., STE. 3400	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPT	☒ DELETE
NAME	CAMPOS, CARIDAD H	
STREET ADDRESS	2 S. BISCAYNE BLVD., STE. 3400	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	☒ Change ☐ Addition
1.2 NAME	Riera, Felix J.	
1.3 STREET ADDRESS	2 S. Biscayne Blvd., Suite 3400	
1.4 CITY-ST-ZIP	Miami, Florida 33131	
2.1 TITLE	V/S	☒ Change ☒ Addition
2.2 NAME	Valle, Isis	
2.3 STREET ADDRESS	2 S. Biscayne Blvd., Suite 3400	
2.4 CITY-ST-ZIP	Miami, Florida 33131	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	Jimenez, Luis A.	
3.3 STREET ADDRESS	2 S. Biscayne Blvd., Suite 3400	
3.4 CITY-ST-ZIP	Miami, Florida 33131	
4.1 TITLE	T	☐ Change ☒ Addition
4.2 NAME	Diaz, Raul	
4.3 STREET ADDRESS	2 S. Biscayne Blvd., Suite 3400	
4.4 CITY-ST-ZIP	Miami, Florida 33131	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 376-6000

CR2E034 (11/98)