

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 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90017 014 \*\*\*558.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P94000086755**

1. Corporation Name

**EAGLE INTERNATIONAL SHIPPING INC.**



Principal Place of Business

Mailing Address

5461 NW 72 AVE  
 MIAMI FL 33166

6039 ALTON RD  
 #1610A  
 MIAMI BEACH FL 33140  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/28/1994**

4. FEI Number

**65-0549335**

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.  Yes  No

2. Principal Place of Business  
 21 5531 NW 72 AVENUE

2a. Mailing Address  
 26 6039 ALTON ROAD

22 Suite, Apt. #, etc.  
 XXXXXXXXXXXXXXXXXXXX

27 Suite, Apt. #, etc.  
 XXXXXXXXXXXXXXXXXXXX

23 City & State  
 MIAMI, FL

28 City & State  
 MIAMI BEACH, FL

24 Zip 33166 Country USA

29 Zip 33140 Country USA

9. Name and Address of Current Registered Agent

MURILLO, JORGE G  
 6039 ALTON RD  
 STE #1610A  
 MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name  
**MURILLO, JORGE G.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**6039 ALTON ROAD**  
 83 XX  
 84 City  
**MIAMI BEACH, FL** 85 Zip Code  
**33140**

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 **JORGE G. MURILLO**

**07/01/99**

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 PD  DELETE  
 NAME MURILLO, JORGE G  
 STREET ADDRESS 6039 ALTON RD  
 CITY-ST-ZIP MIAMI BEACH FL 33140

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME OROZCO, ADRIANA C  
 STREET ADDRESS 6039 ALTON RD  
 CITY-ST-ZIP MIAMI BEACH FL 33140

2.1 TITLE  Change  Addition  
 2.2 NAME D OROZCO, ADRIANA P.  
 2.3 STREET ADDRESS 6039 ALTON ROAD  
 2.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE:

**JORGE G. MURILLO**  
 SIGNATURE REQUIRED

**07/01/99**

**305-887-9888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)