**FILED** 

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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P97000015382

1. Corporation Name

CAYON	GOLDEN EAGLE, INC.				
Principal Place	e of Business	Mailing Address		I (20)1681 (19 (81)) (88)1 48(1) 88(1) 88(1) 88(2) 88(2) 88(4)	110 1101 1001
3822 WEST 12T	'H AVENUE	3822 WEST 12TH AVENUE			
HIALEAAH FL 33012 HIALEAAH FL 33012				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				02/14/1997	
2. Principal Place of Business		2a. Mailing Address			ied For
21		26		00 0100100	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	l l
City & State		City & State		6. Election Campaign Financing \$5.00 M	av Re
23		28		Trust Fund Contribution Added to	, ,
Zip			Country	8. This corporation owes the current year Intangible	
24	25	29 3	10		]No
	9. Name and Address of Current			10. Name and Address of New Registered Agent	
			81 Name	Roberto CAVON	-
SALGADO, ALEXANDER M				ress (P.O. Box Number is Not Acceptable)	
1001 BRICKELL BAY DRIVE			382	22 W. 12 AVE	}
SUITE 1400			83		
MIAMI FL 33131					
			84 City /Le		30/2
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 the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and the purpose of changing its registered by the corporation's board of directors.					
	In familiar with, and accepting doiligate	ons or, decilon dov.dodo, r lone	aa Clatates.	3/9/99	l
SIGNATURE	Signature, typed or printed reme of registered agent a	and title if applicable (NOTE: R	Registered Agent signature requir	ed when reinstating) DAJE	-
12.	OF ICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	D	☐ DELETE	1.1 TITLE	Change	Addition
NAME	CAYON, ROBERTO		1.2 NAME		
STREET ADDRESS	3822 WEST 12TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAAH FL 33012		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	Change	☐ Addition
NAME	CAYON, GLADYS		2.2 NAME		İ
STREET ADDRESS	3822 WEST 12TH AVENUE		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	HIALEAAH FL 33012		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		ł
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETÉ	4.1 TITLE	☐ Change	Addition

6.4 CITY-ST-ZIP 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 arcation that my name address, with all other like empowered.

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: \_

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ DELETE

Change

Change

Addition

☐ Addition