

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATE AFFAIRS

APPROVED
FILED

65-0372886
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V70456** (1)

1. Corporation Name
MICHAEL EAKINS ENT., INC.

Principal Place of Business: 18282 W. DIXIE HWY. MIAMI FL 33166 US
Mailing Address: 677 N.E. 206 TERR. MIAMI FL 33179 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1992
3a. Date of Last Report: 06/07/1994

2. Principal Place of Business	2a. Mailing Address	4. FID Number	Applied For
21	26	65-0372886	Not Applicable
State Apt # of	State Apt # of	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
City	City	7. This corporation has liability for intangible tax under S. 199(4)(3) Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PEREZ-SIAM, FRNAK 8450 S.W. 70TH ST. MIAMI FL 33143	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(8) 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, laws for 1994/1995, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONALLY CHANGED OFFICERS AND DIRECTORS	
1. NAME	P EAKINS, MICHAEL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	677 N.E. 206 TERR.	2. STREET ADDRESS	
3. CITY, ST. ZIP	MIAMI FL 33179	3. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, ST. ZIP		6. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, ST. ZIP		9. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST. ZIP		12. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, ST. ZIP		15. CITY, ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199(4)(3) 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 my name were written. 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 of a change or an attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Eakins

PIES

4-30-95

305-653-1711