FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 APR 10 PM 2:01

DOCUMENT # **G87841** **(4)**

1. Corporation Name
EAGLE BRANDS, INC.

Principal Place of Business	Mailing Address
% CARLOS M. DE LA CRUZ 3201 MILAM DAIRY ROAD MIAMI FL 33122	% CARLOS M. DE LA CRUZ 3201 MILAM DAIRY ROAD MIAMI FL 33122

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/18/1984	3a. Date of Last Report: 02/01/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 59-2385262	☐ 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	

9. Name and Address of Current Registered Agent

DE LA CRUZ, CARLOS
3201 MILAM DAIRY ROAD
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name: MURAI WALD BIONDO & MORENO, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 25 S.E. 2nd Avenue
83: Suite 900
84 City: Miami FL 85 Zip Code: 33131

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: By: MURAI, WALD BIONDO & MORENO, P.A. M. Cristina Moreno, Vice President 02/27/95
(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	DC	11 TITLE		☐ Change ☐ Addition
NAME	DE LA CRUZ, CARLOS M.	12 NAME		
STREET ADDRESS	5 HARBOR POINT	13 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	DE LA CRUZ, ROSA R.	22 NAME		
STREET ADDRESS	5 HARBOR POINT	23 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL	24 CITY-ST-ZIP		
~~TITLE~~	~~DD~~	31 TITLE	DeLete, due to resignation	☒ Change ☐ Addition
~~NAME~~	~~DE LA CRUZ, CARLOS M JR.~~	32 NAME		
~~STREET ADDRESS~~	~~151 ISLAND DR.~~	33 STREET ADDRESS		
~~CITY-ST-ZIP~~	~~KEY BISCAYNE FL~~	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	DIRECTOR / PRESIDENT	☒ Change ☐ Addition
NAME	DE LA CRUZ, ALBERTO	42 NAME		
STREET ADDRESS	151 ISLAND DR.	43 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: _____ 3/27/95 (305) 511-2337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #