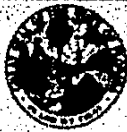


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
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

**% CARLOS M. DE LA CRUZ
3201 MILAM DAIRY ROAD
MIAMI FL 33122**

Mailing Address

**% 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

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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, typewritten or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DC

NAME

DE LA CRUZ, CARLOS M.

STREET ADDRESS

5 HARBOR POINT

CITY - ST - ZIP

KEY BISCAYNE FL

TITLE

D

NAME

DE LA CRUZ, ROSA R.

STREET ADDRESS

5 HARBOR POINT

CITY - ST - ZIP

KEY BISCAYNE FL

TITLE

DC

NAME

DE LA CRUZ, CARLOS M. JR.

STREET ADDRESS

101 ISLAND DR.

CITY - ST - ZIP

KEY BISCAYNE FL

TITLE

D

NAME

DE LA CRUZ, ALBERTO

STREET ADDRESS

151 ISLAND DR.

CITY - ST - ZIP

KEY BISCAYNE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(k), 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:

Signature and typed or printed name of signing officer or director

3/27/95

(305) 519-2337