

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33122-1317**

3. Date Incorporated or Qualified **01/18/1984** 3a. Date of Last Report **03/15/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

**MURAI WALD BIONDO & MORENO PA**  
**25 SE 2ND AVE**  
**STE 900**  
**MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>DE LA CRUZ, CARLOS M.</b>	
STREET ADDRESS	<b>5 HARBOR POINT</b>	
CITY - ST - ZIP	<b>KEY BISCAYNE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DE LA CRUZ, ROSA R.</b>	
STREET ADDRESS	<b>5 HARBOR POINT</b>	
CITY - ST - ZIP	<b>KEY BISCAYNE FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>DE LA CRUZ, ALBERTO</b>	
STREET ADDRESS	<b>151 ISLAND DR.</b>	
CITY - ST - ZIP	<b>KEY BISCAYNE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Manuel Portuondo</b>	
1.3 STREET ADDRESS	<b>3201 NW 72 Ave.</b>	
1.4 CITY - ST - ZIP	<b>Miami, FL 33122</b>	
2.1 TITLE	<b>CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Ramiro G. de Molina</b>	
2.3 STREET ADDRESS	<b>3201 NW 72 Ave.</b>	
2.4 CITY - ST - ZIP	<b>Miami, FL 33122</b>	
3.1 TITLE	<b>VP/GC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Manuel Kadre</b>	
3.3 STREET ADDRESS	<b>3201 NW 72 Ave.</b>	
3.4 CITY - ST - ZIP	<b>Miami, FL 33122</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: *Manuel Kadre* **MANUEL KADRE** 1/31/97 (305) 599-2337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0182116

CR2E034 (9/96)