

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90007 045 \*\*\*150.00

DOCUMENT # G87841

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

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☐ DELETE

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 ~~DP~~  
NAME ~~DE LA CRUZ, ALBERTO~~  
STREET ADDRESS ~~151 ISLAND DR.~~  
CITY-ST-ZIP ~~KEY BISCAYNE FL~~

TITLE ~~VP~~  
NAME ~~PORTUNONDO, MANUEL~~  
STREET ADDRESS ~~3201 NW 72 AVE.~~  
CITY-ST-ZIP ~~MIAMI FL~~

TITLE CFO  
NAME DE MOLINA, RAMIRO G.  
STREET ADDRESS 3201 NW 72 AVE.  
CITY-ST-ZIP MIAMI FL

TITLE VPGC  
NAME KADRE, MANUEL  
STREET ADDRESS 3201 NW 72 AVE.  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME Carlos M. de la Cruz, Jr.  
1.3 STREET ADDRESS 3201 N.W. 72 Ave.  
1.4 CITY-ST-ZIP MIAMI, FL 33122

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

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 an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 599-2337

CR2E034 (11/98)