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 CORPORATION
95 FEB 20 AM 10:39

DOCUMENT # M84262 (8)

1. Corporation Name
EAGLE COMMUNICATIONS SYSTEM CORPORATION

Principal Place of Business	Mailing Address
~~890 S.W. 87TH AVE.~~ MIAMI FL 33174	~~890 S.W. 87TH AVE.~~ MIAMI FL 33174

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/07/1988
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business
21: 919 SW 87th Ave
22: Suite, Apt. #, etc.
23: Miami Fl
24: Zip 33174 — 25: Country

2a. Mailing Address
26: 919 SW 87th Ave
27: Suite, Apt. #, etc.
28: Miami FL
29: Zip 33174 — 30: Country

4. FEI Number: 65-0056611 ☐ 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

CHAVARRIAGA, ALBEIRO
~~890 SW 87TH AVENUE~~
~~SUITE 15~~
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 919 SW 87th Ave
83
84 City: Miami FL 85 Zip Code: 33174

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CHAVARRIAGA, ALBEIRO	1.2 NAME	
STREET ADDRESS	~~890 SW 87TH AVE.~~	1.3 STREET ADDRESS	919 SW 87th Ave
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl 33174
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAVARRIAGA, LUZ	2.2 NAME	
STREET ADDRESS	~~890 SW 87TH AVE #15~~	2.3 STREET ADDRESS	919 SW 87th Ave
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33174
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: _____ Alcelco Chavarriaga 2/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0169442 CP