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

APPROVED AND FILED

95 MAR 13 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000013309 (8)

1. Corporation Name
EAGLE EXPORTS, INC.

Principal Place of Business	Mailing Address
9101 W HILLSBOROUGH AVE BLDG I #108 TAMPA FL 33615	9101 W HILLSBOROUGH AVE BLDG I #108 TAMPA FL 33615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/11/1993
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business	2a. Mailing Address
21 2701 W. BUSCH BLVD	26 2701 W. BUSCH BLVD
22 Suite, Apt. #, etc. SUITE 107	27 Suite, Apt. #, etc. STE 107
23 City & State TAMPA, FL	28 City & State TAMPA FL
24 Zip 33618 25 Country HILLSBOROUGH	29 Zip 33618 30 Country HILLSBOROUGH

4. FEI Number: 59-3170702 ☐ 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

KUZNETSOV, VLADISLAV
~~9101 W HILLSBOROUGH AVE~~
~~BLDG I #108~~
~~TAMPA FL 33615~~

10. Name and Address of New Registered Agent

81 Name: KUZNETSOV, VLADISLAV
82 Street Address (P.O. Box Number is Not Acceptable): 2701 W. BUSCH BLVD. STE 107
83 —
84 City: TAMPA FL 85 Zip Code: 33618

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] 03.07.95
Signature of 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KUZNETSOV, VLADISLAV	1.2 NAME	
STREET ADDRESS	~~9101 W HILLSBOROUGH AVE #108~~ 18812 PLACE ANTIBES	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL 33615~~ LUTZ, FL 33549	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KUZNETSOV, OLGA	2.2 NAME	
STREET ADDRESS	~~9101 W HILLSBOROUGH AVE #108~~ 18812 PLACE ANTIBES	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL 33615~~ LUTZ, FL 33549	2.4 CITY-ST-ZIP	
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: [signature] 03.07.95 (813) 948-0502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0207838 CP