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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9300069149 (1)  EIG INTERNATIONAL GROUP, INC.					
Principal Place o	of Business	Mailing Address		T 1001/4010 12f 10100 20/1 00/1 00/1 00/1 00/10 00/10 00/10 00/10 00/10 00/1	
12955 BISCAYNE BLVD. SUITE 402 NORTH MIAMI FL 33181		12955 BISCAYNE BLVD. SUITE 402			
		NORTH MIAMI FL 33	181	3. Date Incorporated or Qualified 3a. Date of Last Report	
				09/28/1993	10/13/1995
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
11		26		65-0599415	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<ol><li>Certificate of Status Desired</li></ol>	Fee Required
City & Cloto		City & Stato		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s 199.032,
24	25	29	30	Florida Statutes	No Posistaved Agent
	9. Name and Address of Curr	ent Registered Agent	B1 Name	10. Name and Address of New F	registered Agent
POMERANZ, MARK L			82 Street Ac	82 Street Address (P.O. Box Number is Not Acceptable)	
	SISCAYNE BLVD.		83		
NORTH	MIAMI FL 33181		21 22		B5 Zip Code
			84 City		
or registere familiar wit	ed agent, or both, in the State of Fi h, and accept the obligations of, Se	orida, Such drange was author action 607.0505, Florida Statute	es.	poration submits this statement for the puporal of directors. I hereby accept the app	pointment as registered agent. I am
	Signature, typed or printed name of registered a		NOTE: Registered Agent signature reu		FICERS AND DIRECTORS IN 12
12.	T	AND DIRECTORS  DELETE	13.	ADDITIONS/OFFANGES TO CI	Change Addition
TITLE	D CICENDEDO O I		1.2 NAME		
NAME STREET ADDRESS	EISENBERG, S J 12955 BISCAYNE BLVD.,	CLINTE ANN	1,3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33181	3011L 400	1.4 CiTY - ST - ZiP		
TITLE	MAINITI MENINT I P MAINT	☐ DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIP		Change Addition
TITLE		DELETE	3 1 TITLE		□ outride □ vocition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4 C/TY-S1-Z/P 4.1 T/TLE		☐ Change ☐ Addition
TITLE		Поссе	4.2 NAME		
NAME CYOTET ADDDESC			4.3 STREET ADDRESS		·
STREET ADDRESS			4.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		☐ DELE1E	5. 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- ST-ZIP		PRO DE LA
TITLE		DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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)(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 TYPES OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR PROTECTOR