FILE	E NOW: FILING	FEE AFTER	MAY 1ST	IS \$ 0.00	FILED
COF	PROFIT RPORATION JAL REPORT		FLORIDA DEPA Sandra	B. Motern	Mar 25 1998 8:00am
	1998		DIVISION OF	tary of S CORPO TIONS	Secretary of State
1. Corporatio	MENT # PS NAME EAWAY, INC.	4000005	5556 (3)		
Principal Place of Business 169 EAST FLAGLER ST. SUITE-1622		169 SUN	ng Address EAST FLAGLER ST TE-1622		
MIAM) FL 331			MI FL 33131	<u>'</u>	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/19/1994
	Place of Business	 	lailing Address		4. FEI Number Applied For
Suite, Apt.	#, etc	} ¬	uite, Apl. #, etc.		65-0471162 Not Applicable 5. Certificate of Status Desired See Regulred
City & Stat	le .	·7	ity & State		6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	├ ─¬	ib	Country	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Addres	29 s of Current Register	red Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
1 S SU MI/	IZENCWAIG, LESLIE AI SE 3RD AVE IITE-960 AMI FL 33131 to the provisions of Social		1508, Florida Stati	83 /G 84 City A	Address (P.O. Box Number is Not Acceptable) 9
agent. I a	m familiar /// and acfo	Jacks of Figure 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (Torida Statutes.	03/19/98
12.		ICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME STREET ADDRESS	PSTD BATALHA, WILLIAM 169 EAST FLAGLER		☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	MIAMI FL 33131		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP				2. 4 CITY-ST-ZIP	
TITLE			☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME				3.2 NAME	
STREET ADDRESS CITY-ST-ZIP				3 3 STREET ADDRESS 3.4. CITY - ST - ZIP	
TITLE	<u> </u>	······	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME				4. 2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE			☐ DELETE	4.4 C(TY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME				5.2 NAME	_ · <u> </u>
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP			☐ DELETE	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME				61 TITLE 62 NAME	Change Moniton

6.3 STREET ADDRESS

(305)373-0033

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 supplience that 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

STREET ADDRESS

SIGNATURE: