

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 # **P94000014463 (1)**

1. Corporation Name

EAGLECOM INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

11401 SW 40 ST
STE 318
MIAMI FL 33165
US

14269 SW 94 CIR
STE 102
MIAMI FL 33186
US

2. Principal Place of Business

2a. Mailing Address

21 **5155 NW 74th Avenue**

26 **5155 NW 74th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Miami, FL**

27 **Miami, FL**

City & State

City & State

23

28 **33166**

Zip

Zip

Country

Country

24 **33166**

25 **U.S.A.**

29

30 **U.S.A.**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/22/1994

3a. Date of Last Report

04/18/1995

4. FET Number

65-0483649

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

10. Name and Address of New Registered Agent

**POMAR, OSWALDO
14269 SW 94 CIR
STE 102
MIAMI FL 33186**

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 sign or be named where required.

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**PST
POMAR, OSWALDO
14269 SW 94 CIR #102
MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

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

☐ Change

☐ Addition

☐ Change

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☐ Addition

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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 (305) 639-2728

CR2E034 (12/95)