FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT # P94000060065 (7)

EAGLE IMPORT-EXPORT, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing A	Mailing Address				J resitett ein emit tent sent enn datt stein beit beit beit beit beit beit bit ifft
1070 NE 1771	TH TERRACE	1070 NE	1070 NE 177TH TERRACE				
NO. MIAMI BI	EAOH FL 33162	NO. MIA	NO. MIAMI BEACH FL 33162				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
9 Dringin - I D	lace of Business	25 Maille	~ A-1-1				08/16/1994 4. FEI Number Applied For
	lace of Business	├ ¬	2a. Mailing Address				7,00000
21 Cuito Am	# ato		26 Cuito Apl H ale				65-0512409 Not Applicable
Suite, Apt.	π, θ ιC.	ļ ₁	Suite, Apt. #, etc.				5. Certificate of Status Desired Section Section 5. Section Se
City & State			City & State				
	9	· · ·	h '				6. Election Campaign Financing \$5.00 May Be
Zip	Country Zip Cou					Trust Fund Contribution Added to Fees	
	├ ─┐ '			Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Currer	29	\nant	30	0		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
			-goin		B1	Name	10. Natio and Address Of from Registered Agent
	RPORATE CREATIONS ENTERP	RISES INC.		}	•	Harrie	}
4521 PGA BLVD.L STE. 211					82	Street Ad	Address (P.O. Box Number is Not Acceptable)
PA	LM BEACH GARDENS FL 33418						·····
					83		· ·
				ľ	84	City	85 Zip Code
						J.,	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.150	8, Florida Statut	es, the ab	ove-	named c	corporation submits this statement for the purpose of changing its registered
l office or r	egistered agent, or both, in the State m fam iliar with, and accept the oblig	et Florida, Suc ations of Section	change was a on 607 0505. Fir	suthorized orida Stati	d by utes	the carpo	oration's board of directors. I hereby accept the appointment as registered
_	The same than a section and se		ari 2011222 01				
SIGNATURE	Signature, typed or printed name of registered agr	nnt and title if applica	ble (NOT	E Registered	Agen	I signature re	required when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TiT	(LE		☐ Change ☐ Addition
NAME	Buller, Phyllis			1.2 NA	ME		
STREET ADDRESS	C/O 1070 NE 177TH TERRAC	Œ		1.3 ST	REET #	ADDRESS	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162			1.4 CII		ſ	
TITLE	D		DELETE	2.1 TIT			Change Addition
NAME	HELSTONE, CARLA			2.2 NA			
STREET ADDRESS	C/O 1070 NE 177TH TERRAC	E		- E		DORESS	
	NO. MIAMI BEACH FL 33162					1	
CITY-ST-ZIP	NO. MIAMI DEACTI PE 33 102		DELETE	2.4 0		-ZIP	Change Addition
TITLE			ר) הנננונ	3.1 TIT			Change Addition
NAME				3.2 NA			
STREET ADDRESS				3.3 ST	REET A	IDDRESS	
CITY-ST-ZIP				3.4. DO		-ZiP	
TITLE			DELETE	4.1 TIT	ΈE		L Change L Addition
NAME				4. 2 NA	AME		
STREET ADDRESS				4.3 STI	REET A	ODRESS	·
CITY-ST-ZIP				4.4 CIT	<u> </u>	ZIP	
TITLE			DELETE	5.1 TIT	LE		Change Addition
NAME				5.2 NA	ME		
STREET ADDRESS				5.3 STI	REET A	DORESS	
CITY-ST-ZIP				5.4 CIT		ł	
TITLE			DELETE	6.1 TIT			☐ Change ☐ Addition
NAME				6.2 NA			
STREET ADDRESS	* * * * * * * * * * * * * * * * * * *					DDRESS	
· · · ·						l l	
CITY-ST-ZIP	·			6.4 CIT	Y-\$1-	ZIP	

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 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.

Guller

24 april 1928