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CORPORATION
ANNUAL REPORT
1996

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000066488 (5)

1. Corporation Name
EAC CONSULTING, INC.

Principal Place of Business

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4601 Ponce de Leon Blvd
Suite, Apt #, etc.
22 Suite 230
City & State
23 Coral Gables, Florida
Zip
24 33146
25 USA

2a. Mailing Address
26 4601 Ponce de Leon Blvd.
Suite, Apt #, etc.
27 Suite 230
City & State
28 Coral Gables, Florida
Zip
29 33146
30 USA

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report: 3/27/95
4. FEI Number: 65-0519739 — 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

CROOKS, ENRIQUE A
11265 SW 88 ST
SUITE H-216
MIAMI FL 33176

10. Name and Address of New Registered Agent
81 Name: Enrique A. Crooks
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: Miami FL 85 Zip Code: 33129

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 ... Florida Statutes.

SIGNATURE [signature] Enrique A. Crooks – President DATE 4/29/96

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	President (P)	☑ Change ☐ Addition
1 NAME	Crooks, Enrique A.	
1 STREET ADDRESS	1990 Brickell Av. Suite F.	
1 CITY - ST - ZIP	Miami FL. 33129	
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY - ST - ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY - ST - ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY - ST - ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY - ST - ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY - ST - ZIP		

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AEB
5-1-95

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] 4/29/96 (305)668-3177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR