SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL 26 PM 10: 44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000077160 (7)**

1. Corporation Name

EAGLE EYE ENTERPRISES INC.

Principal Place of Business	Mailing Address
61 E 11TH ST RIVIERA BEACH FL 33404	1332 164TH CT N JUPITER FL 33478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 1124 AVE C
Suite, Apt. #, etc.
22 #61 E.
City & State
23 RIVIERA BEACH FL.
Zip 24 33404 Country 25 PALM BEACH

2a. Mailing Address
26 13322 164TH CT.
Suite, Apt. #, etc.
27
City & State
28 JUPITON, FL.
Zip 29 33478 Country 30 PALM BEACH

4. FEI Number: 65-0135303 ☐ 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

MANRESA, CARLOS
1332 164TH CT N
JUPITER FL 33478

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent Signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	CARLOS MANRESA	12 NAME	
STREET ADDRESS	13322 164TH CT. N.	13 STREET ADDRESS	
CITY ST ZIP	JUPITON FL. 33478	14 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	JAMISON MANRESA	22 NAME	
STREET ADDRESS	13322 164TH CT. N.	23 STREET ADDRESS	
CITY ST ZIP	JUPITON, FL. 33478	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	$ Deposited by Bank CH
CITY ST ZIP		64 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)(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.

SIGNATURE: _____ CARLOS MANRESA 6-14-95 1107-840-9155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0182044 FP