

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 # P95000056220 (3)

1. Corporation Name

EAGLE DISTRIBUTORS, INC.



Principal Place of Business

1911 19 LANE
LAKE WORTH FL 33462

Mailing Address

1911 19 LANE
LAKE WORTH FL 33462

3. Date Incorporated or Qualified

07/20/1995

3a. Date of Last Report

4. FEI Number

65-0601712

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

2. Principal Place of Business

2a. Mailing Address

21 3889 10th Avenue N.

26 3889 10th. Avenue N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 LAKE WORTH FLA.

28 LAKE WORTH FLA

Zip

Country

Zip

Country

24 33461

25 W.P.B.

29 33461

30 W.P.B.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEZA, ALFONSO V
1911 19 LANE
LAKE WORTH FL 33462

81 Name

CARLOS ESQUIVEL

82 Street Address (P.O. Box Number is Not Acceptable)

4907 SARATOGA RD.

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33415

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 office if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MEZA, ALFONSO
STREET ADDRESS 1911 19 LANE
CITY-ST-ZIP LAKE WORTH FL 33462

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE President ☒ Change ☒ Addition
1.2 NAME CARLOS ENRIQUE ESQUIVEL
1.3 STREET ADDRESS 4907 SARATOGA ROAD
1.4 CITY-ST-ZIP West Palm Beach, FL 33419

2.1 TITLE Vice-President ☒ Change ☐ Addition
2.2 NAME MEZA, ALFONSO
2.3 STREET ADDRESS 1911 19 LANE
2.4 CITY-ST-ZIP LAKE WORTH, FL 33462

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

900001839939
-05/25/96--01004--016
***200.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)