SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000060034 (2) **DOCUMENT #** U.S.S. EAGLE CORPORATION Principal Place of Business Mailing Address 634 SE 6 PL 634 SE 6 PL HIALEAH FL 33010 HIALEAH FL 33010 3. Date Incorporated or Qualified 3a. Date of Last Report 08/03/1995 2a. Mailing Address Applied For 2. Principal Place of Business 65-0598003 **1** ST Not Applicable 1820 SW 1820 SW 55T 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required APT APT 3 \$5.00 May Be City & State 6. Election Campaign Financing をし、 ۴L MIAMI Added to Fees Trust Fund Contribution MIAMI 28 23 Country 8. This corporation has liability for intangible tax under s 199 032 Florida Statutes Yes No Zio Country USA 29 33(31 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BARROS Jesus R. BARROS, JESUS R Street Address (P.O. Box Number is Not Acceptable) 82 634 SE 6 PL HIALEAH FL 33010 83 F19 FA Zip Code 33 (3 4 84 85 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. Thereby accept the appointment as registered agent. I am familiar with land accept the obligations of Section 607.0505, Florida Statutes. 7-22-96 2007 Rogisterod Agent signature required when reinstating? Barnos SIGNATURE JCSUS of registered agent and little if app (3/86)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1 THEF TITLE CR2E034 BARROS, JESUS R 1.2 NAME NAME 1820 SW 5 ST APT 3 13 STREET ADDRESS STREET ADDRESS MIAMI FL 33135 14 CITY - ST - 7IP CITY-ST-ZIP 27C Change Addition DELETE 2.1 TITLE TITLE STD DURAN 2.2 NAME Dologes MUNOZ, GENARO B NAME JST. APTS 1820 SW 2.3 STREET ADDRESS 634 SE 6 PL STREET ADDRESS rc 33135 2 4 CITY - ST - ZIP MIAMI HIALEAH FL 33010 CITY-ST-ZIP Change Addition TITLE I DELETE 3 I TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - 7/P CITY-ST-ZIP Criange Addition DELETE 4.1 TIFLE TITLE 4 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 Till F TITLE 6.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS 6 4 CITY - ST - ZIP 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

PRINTED NAME OF SIGNING OFF

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