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

FILED
Jun 10 1998 8:00am
Secretary of State

*PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P95000079906

1. Corporation Name
CARIBBEAN EAGLE, INC.

Principal Place of Business
14482 SW 144 CT
MIAMI FL 33186

Mailing Address
14482 SW 144 CT
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 14482 S.W 144 CT
Suite, Apt. #, etc.
22
City & State
23 MIAMI FL
Zip
24 33186
Country
25 USA

2a. Mailing Address
26 14482 S.W 144 CT
Suite, Apt. #, etc.
27
City & State
28 MIAMI FL
Zip
29 33186
Country
30 USA

3. Date Incorporated or Qualified
OCTOBER 13, 1995

4. FEI Number
65-0628561
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
RONALD EDMOND
14482 S.W 144 CT
MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	RONALD EDMOND	12 NAME	
STREET ADDRESS	14482 S.W 144 CT	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	200002550852
STREET ADDRESS		63 STREET ADDRESS	-06/11/98--01006--015
CITY-ST-ZIP		64 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

14. I hereby certify that the information supplied with this report is true. For profit corporations only: I further certify that I am familiar with and authorize the execution of this report, that the facts stated herein are true, 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 added above.

SIGNATURE: RONALD EDMOND 6/5/98 305-255-8858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR