

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

FILED  
May 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000087108 (3)  
1. Corporation Name

E.G. ASSOCIATES COMPANY

Principal Place of Business

Mailing Address

8261 SOUTHWEST 157 AVENUE SUITE 511  
MIAMI FLORIDA 33193

3. Date Incorporated or Qualified  
11/14/1995

3a. Date of Last Report  
04/24/96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

551-71-2092

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

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J. SPIEGEL  
343 Almeria Avenue  
Coral Gables Florida 33134

81 Name

ALOHA G. ALVAREZ DE LUGO

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

8261 SW 157 Avenue

83

Suite 511

84 City

Miami

FL

85 Zip Code

33193

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filed applicable

Aloha Alvarez de Lugo V, STD

05/12/97

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD

NAME

QUINTERO, ANDRES E.

STREET ADDRESS

8261 SW 157 Avenue, Suite 511

CITY-ST-ZIP

MIAMI FLORIDA 33193

TITLE

V, STD

NAME

ALVAREZ DE LUGO, ALOHA G.

STREET ADDRESS

8261 SW 157 Avenue, Suite 511

CITY-ST-ZIP

MIAMI FLORIDA 33193

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aloha G. Alvarez de Lugo

04/28/97

(305) 385-2669

Date

Daytime Phone #

CR2E034 (9/96)