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 CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000089116 (4)**

1. Corporation Name
GOLDEN EAGLE USA, INC.

Principal Place of Business	Mailing Address
3034 PARKWAY BLVD., #307 KISSIMMEE FL 34747	3034 PARKWAY BLVD., #307 KISSIMMEE FL 34747

3. Date Incorporated or Qualified: 11/13/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 22766	26 P.O. Box 22766
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Lake Buena Vista	28 City & State: Lake Buena Vista
24 Zip: 32830 25 Country: USA	29 Zip: 32830 30 Country: USA

4. FEI Number: 59-3348339 ☐ 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. 193.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OSMAN, IHAB 3034 PARKWAY BLVD., #307 KISSIMMEE FL 34747	81 Name: OSMAN IHAB 82 Street Address (P.O. Box Number is Not Acceptable): 3034 PARKWAY Blvd. # 307 83 84 City: Kissimmee FL 85 Zip Code: 34741

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: IHAB OSMAN President
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OSMAN, IHAB 3034 PARKWAY BLVD., #307 KISSIMMEE FL 34747	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDEIS, HASHAM 3048 CYPRESS COURT KISSIMMEE FL 34746	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABU-JUBARA, FAISAL 12013 BELLSWORTH ORLANDO FL 32837	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALEH, HAITHAM 12013 BELLSWORTH ORLANDO FL 32837	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

7-11-96 JM
Bank deposit $225.00

CR2E034 (3/96)

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.

SIGNATURE: IHAB OSMAN President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #