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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
'1997

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

DOCUMENT # P95000096732

1. Corporate Name: EASTERN INC.

Principal Place of Business	Mailing Address
69 NE 10th STREET POMPANO BEACH FL 33060	69 NE 10th STREET POMPANO BEACH FL 33060

3. Date Incorporated or Qualified: MAY 14, 1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 69 NE 10th STREET	26 69 NE 10th STREET
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: POMPANO BEACH	28 City & State: POMPANO BEACH FLORIDA
24 Zip: FL 33060 25 Country: U.S.A	29 Zip: FL 33060 30 Country: U.S.A

4. FEI Number: 65-06-31628 ☐ 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
PARVIN KHAN 9022 N.W 28th DR # 310 CORAL SPRINGS FL - 33065	81 Name: MOHAMMED MUKUL BHUIYAN 82 Street Address (P.O. Box Number is Not Acceptable): 9000 N.W 28th DR # 308 83 84 City: CORAL SPRINGS FL 85 Zip Code: 33065

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: MOHAMMED MUKUL BHUIYAN Md. Mukul Bhuiyan 3/31/97
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: SECRETARY ☐ DELETE	11 TITLE: SECRETARY ☑ Change ☐ Addition
NAME: GIASH UDDIN	12 NAME: MOHAMMED MUKUL BHUIYAN
STREET ADDRESS: 420 NE 9th AVE # 34	13 STREET ADDRESS: 9000 N.W 28th DR # 308
CITY-ST-ZIP: FORT LAUDERDALE, FL 33304	14 CITY-ST-ZIP: CORAL SPRINGS, FL 33065
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
STREET ADDRESS	63 STREET ADDRESS
CITY-ST-ZIP	64 CITY-ST-ZIP

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14. I/We hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Md. Mukul Bhuiyan 3/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/2/97