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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000034033 (6)

TWIN EAGLE U.S.A., INC.

Principal Place of Business

2. Principal Place of Business

te, Apt. #, elc

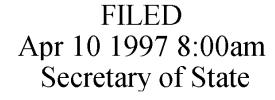
Mailing Address

14601 S.W. 272ND ST. MIAMI FL 33032 14601 S.W. 272ND ST. MIAMI FL 33032-7574

2a. Mailing Address

Suite, Apt. #, etc.

26





 $\Box$ 

3a. Date of Last Report

Applied For Not Applicable

\$8.75 Additional

3. Date Incorporated or Qualified

5. Certificate of Status Desired

04/18/1996

2		27				C. Sorphode of States Section		Fee Re	quired
City & State	)	City & Sta	ato			6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution	니	Added to	
Z⊮p Ti •	( Country	Zip		Count	ry	8. This corporation has liability for		lax under s. ] No	199.032,
4]	25	29		10		Florida Statutes  10. Name and Address of New Re			
9. Name and Address of Current Registered Agent  BAUER, JOHN.					1 Name	10, teanto bilo Abdibas of real in	Angraigh V	gont	
, 14601 S.W. 272ND ST. MIAMI FL 33032				8	2 Street Add	lress (P.O. Box Number is Not Accepta	ple)		
				8	3		***************************************		
•									
				8	4 City		FL	85 Zip C	Code
11 Pursuant	to the provisions of Sections 607	0502 and 607 1508 F	iorida Statutas	the etv	Jue-named cor	povetion submits this statement for the		changing its	s registered
office or r	egistered agent, or both, in the t	State of Florida, Such c	hange was au	thorized	by the corpora	poration submits this statement for the ation's board of directors. I hereby acce	pt the appo	intment as	registered
agent La	ni familiar with, and accept the o	obligations of, Section €	607.0505, Flori	da Statut	es.				
SIGNATURE	Signature type to princed name of registers	ort govern and title if some cable	(NOTE:	Registered A	loon) signature requ	ired when reinstating)	DATE		
12.		AND DIRECTORS	(NOTE:	13.	Agus aldustrus vedo	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
riut	D		DELETE	1.1 TiTLE				Change	Addition
NAME	SCHMIDT, D.			1.2 NAM	E				
SIDME ADDRESS	14601 S.W. 272ND ST.			1.3 STRE	ET ADDRESS				
211 - 41 - 71P	MIAMI FL 33032				-ST-21P				
II.F			DELETE	2171711				Change	Additio
JAME .				2.2 NAM	IE				
STREET ADDRESS					ET ADDRESS				
DTY-ST-ZPP				2. 4 C(T)	V-SI-ZIP				
TILF			DELETE	3.1 TITLE				Change	Additio
VAME .				3.2 NAM	Æ				
STREET ADDRESS				33 STAE	EET ADDRESS				
CITY-SI-ZIP				3.4. CITY	Y-ST-ZIP				
litur	The second secon		DELETE	4.1 TITL	E			Change	Additio
NAME				4. 2 NAN	AE				
STREET ADDRESS				4.3 STRE	EET ADDRESS				
City-St-Zift				4.4 CITY	-ST-ZIP				
MILE		L	DELETE	5.1 TITL	E			Change	Additio
NAME				5.2 NAM	IE )				
STREET ADDRESS				5.3 STRE	EET AODRESS				
CHTY - ST - ZIP				5.4 CITY	-ST-ZIP	<u> </u>			
UTLE		L	DELETE	61 TITLE	E T			Change	Additio
				62 NAM	IE	70000213 -04/10/97010	グ <b>ごじ</b> ょ 100-00	5 C	
NAME				1		71016/01/40-	ロンニーひと	. 1	
name Stret : alvoress				6.3 STR	ET ADDRESS	<u>ቀቀቀነበር በበ</u>			
STREE : ADDRESS OTY - ST - ZIP				6.4 CiTy	-ST-ZIP	***165.00  and in Section 19.07(3)(i), Florida Statut at my signature shall have the same leg ort as required by Chapter 607, Florida			