

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

FILED

May 09 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 # P96000063718 (6)

1. Corporation Name
EAGLE PROTECTIVE, CORP.



Principal Place of Business
5951 N.W. 151 ST. #210
MIAMI LAKES FL 33014

Mailing Address
5951 N.W. 151 ST. #210
MIAMI LAKES FL 33014-2445

3. Date Incorporated or Qualified 07/29/1996	3a. Date of Last Report —
4. FEI Number 65-0682949	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5951 N.W. 151 ST Suite, Apt. #, etc. 22 #210 City & State 23 MIAMI LAKES, MIA FL Zip 24 33014 Country 25 U.S.A	2a. Mailing Address 26 5951 N.W. 151 ST Suite, Apt. #, etc. 27 #210 City & State 28 MIAMI LAKES, MIA FL Zip 29 33014 Country 30 U.S.A
--	---

9. Name and Address of Current Registered Agent BARRIONUEVOS, RAUL 5951 N.W. 151 ST. #210 MIAMI LAKES FL 33014	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
---	--

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 3/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BARRIONUEVOS, RAUL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9455 W. FLAGLER ST. #702	1.2 NAME	
STREET ADDRESS	MIAMI FL 33174	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D PUENTE, MARIO A	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3217 N.W. 11 AVE.	2.2 NAME	
STREET ADDRESS	MIAMI LAKES FL 33127	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, 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: *[Signature]* SIGNATURE REQUIRED DATE: 3/30/97 DAYTIME PHONE: 0120248

CR2E034 (9/96)