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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000015191 (4)

1. Corporation	n Name			_					
MACHADO GOLDEN EAGLE, INC.									
)
Principal Plac	e of Busines				lailing Address				
•									
S822 WEST 12TH AVENUE 3822 WEST 12TH AVENU HIALEAH FL-83012 HIALEAH SL-33012						INUE			
									DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
									02/14/1997
2. Principal Place of Business 2a. Mailing Addres							1		4. FEI Number A 2017 Applied For
21 600 PAIN FNE					26 600 PAIM AVE				65-0+379+T Not Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc. 27 Suite A				5. Certificate of Status Desired See Required
City & State					City & State				Bection Campaign Financing \$5.00 May Be
23 HIALEAH P					28 HIAIEAH F				Trust Fund Contribution Added to Fees
Zip 24 330	10	\vdash	Country USA	L-7	Zip 33010	-	Country <i>US</i>	A	8. This corporation owes or has paid the current year Intangible
24 330		25 and	Address of Current	29 Regis		30	03		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
SALGADO, ALEXANDER M 81 Name								LUIS MACHADO	
1001 BRICKELL BAY DRIVE							82	Street A	Address (P.O. Box Number is Not Acceptable)
SUITE 1100								60	00 PAIN AVE
بلار	KMI FL 33	131					83	50	ide A
	`							City //	TALEAH FL 85 Zip Code 33010
11. Pursuant	to the provis	ions	of Sections 607.0592	and 6	07.1508, Florida Sta	lutes, f	he above-	named (corporation submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 607 0592 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, any accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE		_/							
Signature, typed of funted name of reportered agent end title if applied bis. 12. OF ICERS AND DIRECTORS						OTE: Re	13.	signature r	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	#-	/		DELETE		1.1 TETLE		Change Addition
NAME	MACHADO, CEFERINO		/			1.2 NAME		ο	
STREET ADDRESS									600 Pain Ave Suite A
CITY-ST-ZIP TITLE		HIALEAH FL 33012			1.4 CITY-ST-ZIP		Hialeah FL 33010 M Change Addition		
NAME	_	abo.	MARCIA			1	2.2 NAME		1
STREET ADDRESS	3822 WEST 12TH AVENUE					2.3 STHEET A	DDRESS	600 falm AVE	
C[TY-ST-ZIP	HIALEAH FL 33012				2 4 City-St-ZIP		Higlenh FL 33010		
TITLE					☐ DELETE		3.1 TITLE		Change Addition
NAME						1	3.2 NAME		
STREET ADDRESS						ſ	3.3 STREET AL	i	
CITY-ST-ZIP TITLE				•	DELETE	-	3.4. CITY-ST- 4.1 TITLE	- 2117	☐ Change ☐ Addition
NAME							4. 2 NAME		
STREET ADDRESS						ı	4.3 STREET AL	DDRESS	
CITY-ST-ZIP							4.4 CITY - ST -	ZIP	
TALE				_	☐ DELETE		5.1 THILE		☐ Change ☐ Addition
NAME							5.2 NAME		
STREET ADDRESS						Į	5.3 STREET AC		
CITY-ST-ZIP TITLE	-				☐ DELETE		5.4 CHY-ST- 61 TITLE	ZIP	☐ Change ☐ Addition
NAME						1	6.2 NAME		Committee - Name -
STREET ADDRESS						1	6.3 STREET AL	DDRESS	

14. I 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.

I soon I

1-12-99 887-2500

FILED

Feb 02 1998 8:00am

Secretary of State