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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000015191

1. Corporation Name

MACHADO GOLDEN EAGLE, INC.

Principal Place of Business Mailing Address 600 PALM AVE STE A HIALEAH FL 33010 US DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 02/14/1997 4. FEI Number Applied For 65-0739477 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 City & State City & State City & State City & State 28 Country Zip Country Zip Country Zip Country Zip Country Zip Country Applied For 6. Election Campaign Financing Fee Required Fee Required Fee Required Financing St.00 May Be Added to Fees Ad
600 PALM AVE STE A HIALEAH FL 33010 US DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 02/14/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0739477 Not Applied For 55-0739477 Not Applied For 65-0739477 Not Applied For 65-0739477 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State Applied For 65-0739477 South Country South Country City & State City
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US 3. Date Incorporated or Qualifed 02/14/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0739477 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Sip Country Added to Fees Personal Property Tax. Suite Incorporated or Qualifed 02/14/1997 Applied For Not Applied For Not Applied For Solf-0739477 Solf-05-0739477 Solf-05-073947 Solf-05-073947 Solf-05-073947 Solf-05-073947 Solf-05-073947 Solf-05-073947 Solf-05-073947 Solf-05-073947 Solf-05-
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2. Principal Place of Business 2a. Mailing Address 2b. Cattificate of Status Desired 2c. Principal Place of Business 2d. Mailing Address 2d. Mailing Address 4d. FEI Number 65-0739477 Not Applied For 65-0739477 5d. Certificate of Status Desired 5d. Certificate of Status Desired 5d. Election Campaign Financing 7d. Fee Required 8d. Fee Required 7d. Fee Requi
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Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 28 City & State Country Solutional Fee Required Fee Required For Country Solutional Fee Required Fee Required Solutional Fee Re
22 27 5. Certifcate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
City & State City & State City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Name
23 28 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 81 Name
Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent
24 25 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name
81 Name
MACHADO LERGE / CCC
600 PALM AVE Street Address (P.O. Box Number is Not Acceptable)
STE A 83 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
HIALEAH FL 33010 83
84 City 95 Zin Code
FL 63 Zip Code
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, typed or printed name of 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 D - DELETE 1.1 TITLE
NAME MACHADO, CEFERINO 12 NAME
STREET ADDRESS 600 PALM AVE STE A 1.3 STREET ADDRESS
HIAI EALI EL 22010
CITY-ST-ZIP HIALEAN FL 33010 1.4 CITY-ST-ZIP * TITLE D DELETE 2.1 TITLE Change Addit
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NAME: 4.2 NAME STREET ADDRESS: 4.3 STREET ADDRESS:
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CITY-ST-ZIP 5.4 CITY-ST-ZIP
CITY-ST-ZIP 5.4 CITY-ST-ZIP

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90062 023 ***150.00