

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90071 035 ***158.75

DOCUMENT # P97000017780

1. Corporation Name

EAGLE ENTERPRISES OF MIAMI, INC.

Principal Place of Business

3601 NORTH EAST 170TH STREET
SUITE NO. 604
NORTH MIAMI BEACH FL 33160

Mailing Address

3601 NORTH EAST 170TH STREET
SUITE NO. 604
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

02/25/1997

4. FEI Number

65-0730621

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

X

Yes ☐ No ☐

2. Principal Place of Business

21 1475 NE 121 STREET

Suite, Apt. #, etc.

22 SUITE C 201

City & State

23 NORTH MIAMI, FL

Zip

24 33160

Country

25 USA

2a. Mailing Address

26 1475 NE 121 STREET

Suite, Apt. #, etc.

27 SUITE C 201

City & State

28 NORTH MIAMI, FL

Zip

29 33160

Country

30 USA

9. Name and Address of Current Registered Agent

TELLES, LUIS ARNALDO

3601 NORTH EAST 170TH STREET

SUITE NO. 604

NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name

TELLES, LUIS ARNALDO

82 Street Address (P.O. Box Number is Not Acceptable)

1475 NE 121 STREET # C 201

83

84 City

NORTH MIAMI

FL

85 Zip Code

33160

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

TELLES, LUIS ARNALDO

1/13/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☒ DELETE

NAME BELTRAO, LELIA FISCHER

STREET ADDRESS 3601 NORTH EAST 170TH STREET

CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE VPTD ☐ DELETE

NAME TELLES, LUIS ARNALDO

STREET ADDRESS 3601 NORTH EAST 170TH STREET

CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ☒ Change ☐ Addition

2.3 STREET ADDRESS ☒ Change ☐ Addition

2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TELLES, LUIS ARNALDO

Date

Daytime Phone #

1/13/99 (305) 899-9355

CR2E034 (11/98)

0233248