

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

1

PROFIT CORPORATION ANNUAL REPORT 1999
FLORIDA DEPARTMENT OF STATE
Division of Corporations

99 JUN -7 PM 3:05

SECRETARY OF STATE

DOCUMENT # P97000025476
1. Corporation Name
Eaglestar Catering Corp

Principal Place of Business Mailing Address
7132 SW 42nd St
Miami, FL 33155

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified	4. FEI Number <u>65-0756526</u>	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 owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
Digna Machin
7132 SW 42nd St
Miami, FL 33155

10. Name and Address of New Registered Agent

81. Name <u>ANGEL MACHIN</u>
82. Street Address (P.O. Box Number is Not Acceptable) <u>6850 Coral Way</u>
83. Suite <u>Suite 204</u>
84. City <u>Miami</u>
85. Zip Code <u>FL 33155</u>

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, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Angel P. Machin DATE 4-29-99
Use typed or printed name of registered agent and the 1 applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE <u>PDT</u>	<input checked="" type="checkbox"/> DELETE
NAME <u>Digna Machin</u>	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE <u>PST</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
12. NAME <u>ANGEL MACHIN</u>	
13. STREET ADDRESS <u>7132 SW 42nd St</u>	
14. CITY-STATE-ZIP <u>Miami FL 33155</u>	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
42. NAME	
43. STREET ADDRESS	
44. CITY-STATE-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
52. NAME	
53. STREET ADDRESS	
54. CITY-STATE-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
62. NAME	
63. STREET ADDRESS	
64. CITY-STATE-ZIP	

14. I, the undersigned, 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 Part 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Angel P. Machin ANGEL MACHIN DATE 4-29-99 (805) 662-6494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miami, May 13th 1999

To: Florida Department of State
Annual Reports Filing
Division of Corporations

Ref.: Eaglestar Catering Corp.
EIN: 65-0756526
Annual Reports 1998 & 1999.

Sirs:

We are sending our checks number 1089 and 1090 for Annual Reports fees for 1998 and 1999. We did not know that our corporation was in an inactive status for not paying those fees.

We are a small company and we had to move three times since 1998 because of our bad financial situation and we haven't receive the forms for those two years.

Now we are working with a mailing address in order that we can assure the receiving of such forms.

We will appreciate all the consideration that the Division of Corporations can have with us and reinstate our active status without paying the penalty.

This is very import for us due to our very weak financial situation.

Thanks,

very truly,

Angel R. Machin

Angel Machin
New president

Digna Machin

Digna Machin
Former president