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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000042585 (4)

EDDICO, INC.

FILED May 21 1998 8:00am Secretary of State



1						
Principal Place of Business Mailing Address						
14982 S.W. 69 MIAMI FL 3319	_ -	14982 S.W. 69TH STREET Miami FL 33193			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified OF /14/1007
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			05/14/1997 4. FEI Number 2 (2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
21		26	26			Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.	·			5. Certificate of Status Desired \$8.75 Additional
22 City & State		City & State	City & State			Fee Required
23	1	—— ·	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip			,	8. This corporation owes or has paid the current year Intangible
24	25	29	30)		Personal Property Tax due June 30. A Yes No
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent
	ERILAWYER CHARTERED			61		
	ALMERIA AVENUE RAL GABLES FL 33134		82 Street Add		Street Addr	ess (P.O. Box Number is Not Acceptable)
COF	TAL CIADLES PL 33134			В3		
				84	City	FL 85 Zip Code
≪ Dureuent t	a the provisions of Sections 607 056	02 and 607 1508 Florida Statu	tes the at	20/06	e-named corr	poration submits this statement for the purpose of changing its registered
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 project name of key stated agreet and the diapplicable (NUTE: Registered Agent signature required when reinstating) DATE On the control of t						
12,		ND DIRECTORS			All Olginates a requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	100		1.1 70	TLE		☐ Change ☐ Addition
NAME	MOYA, EDDY R			.2 NAME		
STREET ADDRESS	14982 S.W. 69TH STREET		1.3 STREET ADDRESS			!
CITY-ST-ZIP	MIAMI FL 33193	☐ DELETE	_	1.4 CiTY - ST - ZiP 2.1 TITLE		Change Addition
TITLE NAME	VT Moya, maria d	☐ bttrir	2.1 11 2.2 N/			- Vitaligo - Novillo
STREET ADDRESS	14982 S.W. 69TH STREET			2.3 STREET ADDRESS		
CITY-ST-ZIP	MAMI FL 33193		2. 4 CITY			
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4, C(TY-ST-ZIP		ST-ZIP	Change Addition
TITLE		LT DETERF	DELETE 4.1 TITI			C cuanda C Woolion
NAME OTRECT ADDRESS					ADDRESS	
STREET ADDRESS CITY+ST-ZIP					ST-ZIP	
TITLE		DELETE	5.1 TI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S1	FREET	ADDRESS	
CITY-ST-ZIP			5.4 CI	TY-S	ST-ZIP	
TITLE		DELETE	6.1 TI	TLE		Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S1	TREET	r Address	·
CITY-ST-ZIP	37	141 AL 1 III			S1-ZIP	Caption 110 07(2)(i) Florida Ctatutas I further partity that the information
14. I nereby o	certify that the information supplied to	with this filling does not qualify to	iui trie exe	ariip a the	JUUN SIAIBU IN	Section 119.07(3)(i), Florida Statutes. I further certify that the information are shall have the same legal effect as if made under oath; that I am an

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 a 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.