

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000079036 (4)

1. Corporation Name

THE EAGLE'S MOUNTAIN CORP.



Principal Place of Business

701 BRICKELL AVE STE 1200  
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE STE 1200  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1997

4. FEI Number  
65-0785955

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 777 Brickell Avenue

Suite, Apt. #, etc

22 Suite 1070

City & State

23 Miami, FL

Zip  
24 33131

Country

25 Dade

2a. Mailing Address

26 777 Brickell Avenue

Suite, Apt. #, etc

27 Suite 1070

City & State

28 Miami, FL

Zip  
29 33131

Country

30 Dade

9. Name and Address of Current Registered Agent

KENNEY, JUDITH  
701 BRICKELL AVE STE 1200  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Judith Kenney, Attorney

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

777 Brickell Avenue

83

Suite 1070

84 City

Miami

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0902 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, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/98

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
LABORDA, OLDEMAR C  
701 BRICKELL AVE STE 1200  
MIAMI FL 33131

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
POLIC, AXEL  
701 BRICKELL AVE STE 1200  
MIAMI FL 33131

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

D ☒ Change ☐ Addition  
Laborda, Oldemar C  
777 Brickell Ave., Suite 1200  
Miami, FL 33131

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

D ☒ Change ☐ Addition  
Polic, Axel  
777 Brickell Ave., Suite 1200  
Miami, FL 33131

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, unchanged, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith Kenney Attorney-in-Fact

4/28/98 (205) 373-0300

Date

Daytime Phone #

0180306

CR2E034 (10/97)