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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998 DOCUMENT # EASTCO USA, INC.

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000102237 (9)

## **FILED** Feb 12 1998 8:00am Secretary of State



Principal Place 4920 N. 36TH HOLLYWOOD	H ST.	Mailing Address 4920 N. 36TH ST. HOLLYWOOD FL 33021		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified 12/04/1997	IS SPACE		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	177	Applied For	
21 100 N. BISCAYNE BLVD. 26 151 MAJORCA			CA_A	ν	65-0802265	<del></del>	Not Applicable	
22 SUITÉ 607		[27] SUITE C			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State  23 MIAMI FL		City & State  CORAL GABLES, FL			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	-7 Zip 22121	Country		B. This corporation owes or has paid the			
24 3313	2 [25] USA 9. Name and Address of Current F	120		USA	Personal Property Tax due June 30.		□ No	
DE	REZ, EMMANUEL	Hegistered Agent	B1	Name	10. Name and Address of New Register	ad Agent		
	21 PONCE DE LEON BLVD. STE.	920	82		GABRIEL PRATS			
CORAL GABLES FL 33134				Street Add	dress (P.O. Box Number is Not Acceptable) 151 MAJORCA AVENUE			
			83		CHITE O			
			84	City	SULLE C	. 85 Zip	Code	
ļ				' '	CORAL GABLES F	L   2	212/	
11. Pursuant to	to the provisions of Sections 607.0502 a registered agent, or both, in the State of	and 607,1508, Florida Statutes, Florida, Such change was auti	the above horized by	e-named cor y the corpora	poration submits this statement for the purposation's beard of directors. I hereby accept the	e of changing appointment a	its registered is registered	
	m fatunar wim, and accept the congain	ons ar, section 607.0505, Florid	a Statute	S.	(Sunt.		I	
SIGNATURE	Signature, typed or protect name of registered agent a	eritute Pappheable (NO1L R	egistered Ag	ent signature requ	pired when registating) DATI	<u></u>		
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	STP Vogel, Charlotte	☐ DELETE	1.1 TITLE			Change	Addition	
NAME STREET ADDRESS	4099: N 407H-SF 400 N	DICOAVAM DIVO	1.2 NAME	Tanansas.				
CITY-ST-ZIP	HOLLYWOOD PF 33051 WIV	BISCAINE BLVU	#60 1.4 CITY - S					
TITLE	MATAIN STATE STATE STATE AND MATAIN	11 * Lr 53155	2.1 TITLE	11-ZIF		Change	Addition	
NAME			2.2 NAME	i				
STREET ADDRESS	RESS 2		2.3 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY-ST-ZIP					
TITLE		DELETE	3 1 TITLE			Change	Addition	
NAME			32 NAME					
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - :	SI-ZIP	-	Change	Addition	
NAME		E precie	4. 2 NAME			Colonige	Last Addition)	
STREET ADDRESS			4.3 STALE	ADDRESS				
CITY-ST-ZIP			4.4 CfTY - S					
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP		DELETE	5.4 CITY-S	T-ZIP		1710		
TITLE NAME		LT DETERE	6.1 TITLE 6.2 NAME			Change	Addition	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S					
0111-01-21	<del></del>	11-11-11-11-11-11-11-11-11-11-11-11-11-	0.4 0117 - 3	1-212				

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 suppliencertal 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 addition.

(305) 374-0122