

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90048 019 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 99 0000 19767
 1. Entity Name
EON ENTERPRISES, INC.

Principal Place of Business Mailing Address
19380 COLLINS AVE #1624-B **19380 COLLINS AVE #1624-B**
SUNNY ISLES BEACH, FL 33160 **SUNNY ISLES BEACH FL 33160**

656673

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. # etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: **65-0904578** Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MARION MORELL
19380 COLLINS AVE # 1624 -3
SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

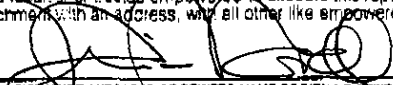
11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	MARION MORELL
STREET ADDRESS	19380 COLLINS AVE # 1624 -3
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	VICE-PRESIDENT <input type="checkbox"/> Delete
NAME	CORDULA MORELL
STREET ADDRESS	19380 COLLINS AVE # 1624 -3
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARION MORELL** Date: **04/28/00** Daytime Phone #: **305-937-2440**