

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

FILED

Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S42643** (4)

1. Corporation Name
P. AND A. EAGLE, INC.

Principal Place of Business
**% KAUFMAN, ROSSIN & CO.
2699 S. BAYSHORE DRIVE
MIAMI FL 33133**

Mailing Address
**% KAUFMAN, ROSSIN & CO.
2699 S. BAYSHORE DRIVE
MIAMI FL 33133-5408**

3. Date Incorporated or Qualified **04/03/1991** 3a. Date of Last Report **04/12/1996**

2. Principal Place of Business BLVD.		2a. Mailing Address BLVD.		4. FEI Number 65-0247440		Applied For	
21 7800 W. OAKLAND PARK.		26 7800 W. OAKLAND PARK				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 BLDG. "G"		27 BLDG. "G"		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23 SUNRISE, FL.		28 SUNRISE, FLORIDA					
Zip		Zip					
24 33351		29 33351					
Country		Country					
25 USA		30 USA					

9. Name and Address of Current Registered Agent

**FARRA, MIGUEL G
% KAUFMAN, ROSSIN & CO.
2699 S. BAYSHORE DRIVE, SUITE 500
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name **REJEAN LAPIERRE**
82 Street Address (P.O. Box Number is Not Acceptable) **7800 W. OAKLAND PARK BLVD. BLDG. "G"**
83
84 City **SUNRISE** FL 85 Zip Code **33351**

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEGRE, PASCAL	1.2 NAME	
STREET ADDRESS	C/O SEP, BP 415	1.3 STREET ADDRESS	
CITY-ST-ZIP	CERGY, FRANCE	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEGRE, AXEL	2.2 NAME	
STREET ADDRESS	C/O SEP, BP 415	2.3 STREET ADDRESS	
CITY-ST-ZIP	CERGY, FRANCE	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 21, 1997

954-949-8802

CR2E034 (9/96)