

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

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

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 85 Zip Code FL 33351
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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]* DATE: 2/20/97
(NOTE: Registered Agent signature required when reinstating)

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]* DATE: Feb. 21, 1997 DAYTIME PHONE: 954-749-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)