

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S42643 (4)

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

Principal Place of Business 7800 W. OAKLAND PARK BLVD. BLDG G SUNRISE FL 33351 US	Mailing Address 7800 W. OAKLAND PARK BLVD. BLDG G SUNRISE FL 33351 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/03/1991	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Zip	30. Country	4. FEI Number 65-0247440	Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LAPIERRE, REGEAN 7800 W. OAKLAND PARK BLVD. BLDG G SUNRISE FL 33351				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. Zip Code FL	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	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	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		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		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		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		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 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: _____ **PASCAL NEGRE** 2-21-98 954-749-8802

CR2E034 (10/97)