FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **S71688** **(3)**

1. Corporation Name
BLUE EAGLE ENTERPRISES INC.

Principal Place of Business	Mailing Address
245 SW FIRST STREET SUITE 401 MIAMI FL 33131 US	245 SE FIRST STREET SUITE 401 MIAMI FL 33121 US

3. Date Incorporated or Qualified: 08/05/1991
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business
21 245 S.E 1STREET
Suite, Apt. #, etc.
22 401
City & State
23 MIAMI FL
Zip
24 33131
Country
25 USA

2a. Mailing Address
26
Suite Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0280155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMPOS, SYLVIO P.
5601 COLLINS AVENUE
SUITE 1205
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name: CAMPOS, SYLVIO P.
82 Street Address (P.O. Box Number is Not Acceptable): 1315 DAYTONIA RD.
83
84 City: MIAMI BEACH FL 85 Zip Code 33141

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 1-1-96

Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	CAMPOS, SYLVIO R	
STREET ADDRESS	5601 COLLINS AVENUE, SUITE 1203	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVS	☒ DELETE
NAME	CAMPOS, RICARDO P	
STREET ADDRESS	5601 COLLINS AVENUE, SUITE 1205	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVT	☒ DELETE
NAME	CAMPOS, RONALDO P	
STREET ADDRESS	5601 COLLINS AVENUE, SUITE 1205	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	DP	☐ Change ☐ Addition
1 2 NAME	CAMPOS, SYLVIO	
1 3 STREET ADDRESS	1315 DAYTONIA RD.	
1 4 CITY-ST-ZIP	MIAMI BEACH FL 33141	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 1-1-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)