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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 538355

ECLECTIC DEVELOPERS, INC.

(9)

	F	ILED	
May	01	1998	8:00am
Sec	cret	ary of	State

Principal Place of Business Mailing Address C/O SERGIO R PENTON C/O SERGIO R PENTON	
C/O SERGIO R PENTON C/O SERGIO R PENTON	
Of Gende in Ferror	
3191 CORAL WAY, STE. 200 3191 CORAL WAY, STE. 200	
MIAMI FL 33145 MIAMI FL 33145 DO NOT WRITE IN THIS SPACE	
US 3. Date Incorporated or Qualified	
06/29/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 1.	
harman harman	applied For
Suite And # atc Suite And # atc	lot Applicable Additional
► 5 Certificate of Status Desired VI	Required
00.00.4	May Be
	I to Fees
Zip Country 7ip Country 8. This corporation owes or has paid the current year In	ntangible
	□ No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
SEIDEN, JAN K., ESQ. 81 Name Seigio R. Penton	
82 Street Address (P.O. Box Number is Not Acceptable)	
5TH FLOOR 3191 (OF A.) WAY	
MAMIFL 33129 83 Suite 200	
88 City 1 85 Zio	Code
	314K
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 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	its registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	o regionarea
SIGNATURE S R 04/25/98	
Signature, typed or payled innine of registered agent and tate if apply sales: (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	DC IN 10
TITLE S DELETE 1.1 TITLE Change	
NAME COMAS, ARTURO L. 1.2 NAME	
AAFA AMA AARA AMFAMAF	
Author Ft Anna	
City-St-ZiP	Addition
CITY-ST-ZIP MIAMI, FL 00000 1.4 CITY-ST-ZIP TITLE PD DELETE 2.1 TITLE	Addition
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CITY-ST-ZIP	Addition Addition
CITY-ST-ZIP	Addition Addition
CITY-ST-ZIP	Addition Addition
City-st-Zip	Addition Addition
CITY-ST-ZIP	Addition Addition

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 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:

Say- Rlain

Seacio R Pentor

04/25/98 (305)448-1362