FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:05

DOCUMENT # K60908 (6)

1. Corporation Name
ECLIPSE INVESTMENTS INCORPORATED

Principal Place of Business	Mailing Address
~~2735 PONCE DE LEON BLVD.~~ CORAL GABLES FL 33134	~~2735 PONCE DE LEON BLVD.~~ CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1989
3a. Date of Last Report: 02/22/1994
4. FEI Number: 65-0095349 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 **3200 PONCE DE LEON BLVD., 2ND FLOOR**
City & State 23	City & State **CORAL GABLES, FL 33134** 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEHMAN, RICHARD S.
2600 N. MILITARY TRAIL
SUITE 270
BOCA RATON FL 33134

10. Name and Address of New Registered Agent

81 Name: JOSE VALLE
82 Street Address (P.O. Box Number is Not Acceptable)
83 **3200 PONCE DE LEON BLVD., 2ND FLOOR**
84 City **CORAL GABLES, FL 33134** 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0202 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: X (Signature of one of the directors or officers if a corporation is the registered agent) (NOTE: Registered Agent signature required when reinstating) DATE: 2/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	11 TITLE	☒ Change ☐ Addition
NAME	VALLE, JOSE	12 NAME	
STREET ADDRESS	~~2735 PONCE DE LEON BLVD.~~	13 STREET ADDRESS	**3200 PONCE DE LEON BLVD., 2ND FLOOR**
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP	**CORAL GABLES, FL 33134**
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 above with an address.

SIGNATURE: X JOSE VALLE 2/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0137450 CP