

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K60908** (6)

1. Corporation Name

ECLIPSE INVESTMENTS INCORPORATED



Principal Place of Business

**3200 PONCE DE LEON BLVD 2ND FLOOR
CORAL GABLES FL 33134
US**

Mailing Address

**3200 PONCE DE LEON BLVD 2ND FLOOR
CORAL GABLES FL 33134
US**

3. Date Incorporated or Qualified

01/25/1989

3a. Date of Last Report

02/16/1995

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

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VALLE, JOSE
3200 PONCE DE LEON BLVD
2ND FLOOR
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of Registered Agent or Director)

(Print Name of Agent or Director)

2-8-96

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
**PVST
VALLE, JOSE
3200 PONCE DE LEON BLVD 2ND FLOOR
CORAL GABLES FL**

2. TITLE ☐ DELETE

NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

6. STREET ADDRESS

7. CITY-STATE-ZIP

8. TITLE ☐ DELETE

NAME

9. STREET ADDRESS

10. CITY-STATE-ZIP

11. TITLE ☐ DELETE

NAME

12. STREET ADDRESS

13. CITY-STATE-ZIP

14. TITLE ☐ DELETE

NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ DELETE

NAME

18. STREET ADDRESS

19. CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

14. I do hereby certify that the information supplied in 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. I am an officer or director of the corporation or the receiver or trustee or 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Valle

2-8-96

Date

(305)447-1196

Daytime Phone #

CR2E034 (12/95)