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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L8

Corporation Name

EOLIPSE TRADING CORP.

(7)

FILED May 16 1997 8:00am Secretary of State



Principal Place of Business 13788 SW 149 CR LN #4 MIAM FL 33186		Mailing Addres	Mailing Address 13788 SW 149 CR LN						
		13788 SW 149							
			MIAMI FL 33186-5763 US						
US ·		us				3. Date Incorporated or Qualified 07/19/1990		3a. Date of Last Report 06/06/1996	
-				<u> </u>			00/0		
	ace of Business	2a. Mailing Add	dress			4. FEI Number		_ 	plied For
21		26	1	 	 	65-0215430			t Applicable
Suite, Apt. 6	M, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	X	\$8.75 A	
22	· · · · · · · · · · · · · · · · · · ·	27					F 1		
City & State	•	City & State	9			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
23	Country	28 7in	-4						
Zip				Dountry	8. This corporation has liability for intangible tax under s. 199. Florida Statutes			. 199.032,	
24	25 29 9. Name and Address of Current Regin					10. Name and Address of New Registered Agent			
ADD		Tont Hogistores Agent	·	81	Name		•		
	EU, JOAO L 38 SW 149 CR LN								
	90 917 149 Ch LN		. 82		Street Add	Address (P.O. Box Number is Not Acceptable)			
#4 - Ana	M DI 20100								
MIA	MI FL 33186			83	l <u>:</u>				
				84	City		FL	85 Zip (Code
44 5	- Aba dalama of Constant CO7	0500 and 607 4500 Ela	rida Ctatudas, th	a phou	a pamad aa	rporation submits this statement for the	nuronee of	changing it	te registered
office or re	eastered agent or both in the S	itate of Florida. Such cha	ande was author	ized h	v the corpor	ation's board of directors. I hereby acce	pt the appo	intment as	registered
ağent. Lar	m familiar with, and accept the ol	bligations of, Section 60	7.0505, Florida	Statute	S.				
SIGNATURE .		Total Wassers	AlOIE D		aal ainmat vo soo	uired when reinstating)	DATE		
12.	Signature, typed or printed name of registere	AND DIRECTORS		3.	ent signature req	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12
TITLE)			1 701LE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME :	ABREU, JOAO LUIS		E	2 NAME					
STREET ADDRESS	13788 SW 149TH CIR LN 4	•		1	ADDRESS				
1	MIAMI FL	•		i GITY-S					
CITY-ST-ZIP TITLE	D	<u> </u>		1 TITLE	31-21			Change	Addition
NAME :	VAZZOLA, MARILIA			2 NAME				•	
1	13788 SW 149TH CIR LN	4		1	I ADDRESS				
STREET ADDRESS	MIAMI FL	•							1
CITY-ST-ZIP TITLE	INICAM I C			4 CITY-	S1-2IP			Change	Addition
1 1				3.2 NAME			. '		
NAME					1 ADDOCCC				
STREET ADDRESS				1	T ADDRESS				
CITY-ST-ZIP		П		1,4. CITY-	91-4IF			Change	Addition
f		L	1	1. 2 NAME			'		
NAME PARES APPROPRIE					Į.				
STREET ADDRESS				1,3 STREE 1,4 CITY - :	T ADDRESS				1
CITY-ST-ZIP				1 TITLE	51-211			Change	Addition
TITLE			4	5,2 NAME					
NAME :					* 10000000				İ
STREET ADDRESS			1	1	T ADDRESS				
CITY-ST-ZIP		г		5.4 CI Y -				Change	Addition
TITLE		Ц		61 TILE	I .			ondrige	LI MODIRON
NAME				6 2 N 4E					
STREET ADDRESS				! 1	T ADDRESS	•			
CITY-ST-ZIP				6.4 CITY-	ST-ZIP				

14. I do 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 suppliemental 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 comparation or the receiver or trustee appropriate the same legal effect as if made under oath; that I am an officer or director of the comparation or the receiver or trustee appropriate the same legal effect as if made under oath; that I am an officer or director of the comparation or the receiver or trustee appears in Block 12 or Block 13 if of appear or an an attachment with an address.