SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 11 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000074122 (1)**

1. Corporation Name
ECLIPSE IMPORT & EXPORT INC.

Principal Place of Business	Mailing Address
2 N.E. 40TH STREET 2ND FLOOR MIAMI FL 33137	2 N.E. 40TH STREET 2ND FLOOR MIAMI FL 33137

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/26/1993**
3a. Date of Last Report: **03/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 8045 S.W. 107 Ave.	26 8045 SW 107 Ave.
Suite, Apt. #, etc. 22 Apt 313	Suite, Apt. #, etc. 27 Apt 313
City & State 23 Miami Florida	City & State 28 Miami Florida
Zip / Country 24 33173-4869 25 USA	Zip / Country 29 33173-4869 30 U.S.A.

4. FEI Number: **65-0444225** ☐ 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

BULGACOV, DIVA
2 N.E. 40TH STREET
2ND FLOOR
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: BULGACOV, DIVA
82 Street Address (P.O. Box Number is Not Acceptable): 8045 SW 107 Ave.
83 Apt 313
84 City: Miami **FL** 85 Zip Code: 33173-4869

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: Diva Bulgacov DIVA BULGACOV DATE: 7/5/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☐ Change ☐ Addition
NAME	BULGACOV, EDUARDO	1.2 NAME	BULGACOV, EDUARDO
STREET ADDRESS	2 N.E. 40TH ST.	1.3 STREET ADDRESS	8045 SW 107 Ave. Apt 313
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	Miami, Florida 33173-4869
TITLE	V	2.1 TITLE	V ☐ Change ☐ Addition
NAME	BULGACOV, MIGUEL	2.2 NAME	BULGACOV, MIGUEL
STREET ADDRESS	2 N.E. 40TH ST.	2.3 STREET ADDRESS	8045 S.W. 107 Ave. Apt 313
CITY-ST-ZIP	MIAMI FL 33137	2.4 CITY-ST-ZIP	Miami, Florida 33173-4869
TITLE	T	3.1 TITLE	T ☐ Change ☐ Addition
NAME	BULGACOV, DIVA	3.2 NAME	BULGACOV, DIVA
STREET ADDRESS	2 N.E. 40TH ST.	3.3 STREET ADDRESS	8045 S.W. 107 Ave. Apt 313
CITY-ST-ZIP	MIAMI FL 33137	3.4 CITY-ST-ZIP	Miami, Florida 33173-4869
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Diva Bulgacov DIVA BULGACOV 7/5/95 (305) 596-0585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004203 CF