

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000037821 (2)

1. Corporation Name

ECLIPSE INSURANCE UNDERWRITERS, INC.



Principal Place of Business

2537 B. N.W. 72ND AVE.
MIAMI FL 33122

Mailing Address

2537 B. N.W. 72ND AVE.
MIAMI FL 33122

3. Date Incorporated or Qualified

05/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FLE Number

65-0579712

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

10. Name and Address of New Registered Agent

VELIZ, RUBEN
2537 B. N.W. 72ND AVE.
MIAMI FL 33122

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 607.1505, 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 required when registering

Signature of Registered Agent required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	12.2 NAME	12.3 STREET ADDRESS	12.4 CITY-STATE-ZIP	12.5 DELETE
PD	VELIZ, RUBEN	2537 B. N.W. 72ND AVE.	MIAMI FL 33122	☐
8	QUINTE PRACNO	2537 B. N.W. 72ND AVE	MIAMI FL 33122	☒
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13.1 TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY-STATE-ZIP	13.5 DELETE	13.6 Change	13.7 Addition
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
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				☐	☐	☐
				☐	☐	☐

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)(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, 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUBEN VELIZ

2/21/96 (305) 717-6848

CR2E034 (12/95)