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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000072439 (7)

ECLIPSE ENTERPRISES INTERNATIONAL, INC.

## **FILED** Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				a laditādi tin sātit sanit antit nosts anist ansit	Tåren ermen memma treen salte enme
13400 SOUTHWEST 51 STREET POST OFFICE BOX 654007					
MIAMI FL 331	75	MIAMI FL 33265-4007		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	- I
				08/21/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0776175	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of States Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 29	Country	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible  X Yes No
24	25] 9. Name and Address of Currer		30	10. Name and Address of New Registere	
ALICON ANDUCE CHARTERED					
OAO AÉAFEDIA AVENUE "				US E FERNANDEZ	
CORAL GABLES FL 33134			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
83 010 0				2 40 4	
	•	<del>)</del>	11/14	· ///	
·			84 City m/	<i>AMI</i> F	L 85 Zip Gode 75
11 Direction to the provisions of Sections 607 0502 and 607 1508. Florida Statutas, the above paged composition 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 will and accept the obligations of, Section 607.05.65, Florida Statutes.					
SIGNATURE / SIESUS E. FORNAMEZ					
	Signature, nied or printed name of registered agr		E Registered Agent signature requi		<del></del>
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE C	PSTD FERNANDEZ, JESUS E	☐ DELETE	1.1 TITLE		L. Change L. Addition
NAME	13400 SOUTHWEST 51 STRE	<b>:::</b> T	1.2 NAME		
STREET ADDRESS	MIAMI FL 33175	<b>-E</b> 1	1.3 STREET ADDRESS		
CITY-\$T-ZIP	MICHIEL GOTTO	DELETE	1.4 CITY - \$T - ZIP 2.1 TITLE		Change Addition
		DECENT			Li change Li Radillon
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
				Neg Company	
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		page	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	·	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS	•	
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE 3.3	- <b>T</b> r	☐ DELETE	6.1 TRILE		Change Addition
NAME	1.		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-\$T-ZIP			6.4 CITY-ST-ZIP		
14. I hereby co	ertify that the information supplied w	ith this filing does not qualify fo	or the exemption stated in	Section 119.07(3)(i), Florida Statutes, I further	certify that the information 1

indicated on this annual report or supplies which is ming does not quality for the exemption stated in Section 1.19.07(37(), Florida Statutes, Frintine certified the informatic 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 or an attachment with an address.