

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 161951 (9)

1. Corporation Name

STAR REALTY CO., INC.

Principal Place of Business

708 THIRD AVE
15TH FLOOR
NEW YORK NY 10017

Mailing Address

708 THIRD AVE
15TH FLOOR
NEW YORK NY 10017



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

9. Name and Address of Current Registered Agent

ALEXANDER, RUBIN
2419 MERIDIAN AVENUE
MIAMI FL

30

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 607.0501 and 607.1504, 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, Sections 607.0501 and 607.1504, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

☐ DELETE

13.

PD
MARX, LEONARD
708 THIRD AVENUE
NEW YORK NY
STD
ROTHOUSE, JESSIE
708 THIRD AVENUE
NEW YORK NY
D
MARX, VIRGINIA
708 THIRD AVENUE
NEW YORK NY

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE

☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 TITLE

☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 TITLE

☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 TITLE

☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 TITLE

☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

39 TITLE

14. I do hereby certify that the information supplied with this report 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 in this report is true and accurate and that my signature shall have the same legal effect as it made under oath. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 212 557 1400

CR2E034 (12/95)