

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90045 039 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L07558**

1. Corporation Name  
**NEW STAR, INC.**

Principal Place of Business 5411 N STATE RD 7 TAMARAC FL 33319 US	Mailing Address 5411 N STATE RD 7 TAMARAC FL 33319 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/07/1989</b>	
21 <b>5049 NW 165 ST</b>	26 <b>5049 NW 165 ST</b>	4. FEI Number <b>65-0133866</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 <b>MIAMI, FL</b>	28 <b>MIAMI, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 <b>33014</b> Country <b>USA</b>	29 <b>33014</b> Country <b>USA</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CABUS, ADEMAR</b> 5411 N STATE RD 7 TAMARAC FL 33319		10. Name and Address of New Registered Agent			
		81 Name <b>CABUS, ADEMAR</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>5049 NW 165 ST</b>		
		83			
		84 City <b>MIAMI</b>	85 State <b>FL</b>	86 Zip Code <b>33014</b>	

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: *Ademar Cabus* DATE: 1/29/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CABUS, ADEMAR</b>	1.2 NAME	<b>CABUS, ADEMAR</b>
STREET ADDRESS	<b>BOA WIAGEM 3902 #701</b>	1.3 STREET ADDRESS	<b>5049 NW 165 ST</b>
CITY-ST-ZIP	<b>RECIFE-PE, BRASIL</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33014</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CABUS, VALDIR A.</b>	2.2 NAME	<b>CABUS, VALDIR A.</b>
STREET ADDRESS	<b>BOA WIAGEM 3902 #701</b>	2.3 STREET ADDRESS	<b>5049 NW 165 ST</b>
CITY-ST-ZIP	<b>RECIFE-PE, BRASIL</b>	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33014</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>CABUS, LUCIANA</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>5049 NW 165 ST</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>MIAMI, FL 33014</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE: *Valdir Cabus* DATE: 1/29/99 DAYTIME PHONE #: 305-626-8494  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)