

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P92000002804 (2)

1. Corporation Name
BLUE STAR COMMODITIES, INC.



Principal Place of Business: 6709 LARIMER ST. TAMPA FL 33615
Mailing Address: 6709 LARIMER ST. TAMPA FL 33615-2863

3. Date Incorporated or Qualified: 11/06/1992
3a. Date of Last Report: 01/22/1996

2. Principal Place of Business: 21 202 N. Rome Ave. Suite, Apt. #, etc
2a. Mailing Address: 26 202 N. Rome Ave. Suite, Apt. #, etc

4. FEI Number: 59-3150954
Applied For: Not Applicable

22. City & State: TAMPA, FLA.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. City & State: TAMPA, FLA.

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip: 33607 Country: USA

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

DONICA, HERBERT R
201 E. KENNEDY BLVD.
SUITE 1500
TAMPA FL 33602

81 Name: Frank L. Duci
82 Street Address (P.O. Box Number is Not Acceptable): 202 N. Rome Ave.
83
84 City: TAMPA FL 85 Zip: 33606

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: Frank L. Duci DATE: 5/5/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: P
NAME: PICCOLO, AL
STREET ADDRESS: 6709 LARIMER ST. TAMPA FL 33615
CITY - ST - ZIP: TAMPA FL 33615
2. TITLE: ST
NAME: MANGAKIS, CAMILLE
STREET ADDRESS: 4168 SALTWATER BLVD. TAMPA FL 33615
CITY - ST - ZIP: TAMPA FL 33615
3. TITLE: V
NAME: ASTORE, BOB
STREET ADDRESS: 1170 SHOREVIEW DRIVE ENGLEWOOD FL 34223
CITY - ST - ZIP: ENGLEWOOD FL 34223
4. TITLE: [DELETED]
5. TITLE: [DELETED]
6. TITLE: [DELETED]

1.1 TITLE: [Change] [Addition]
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY - ST - ZIP:
2.1 TITLE: [Change] [Addition]
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:
3.1 TITLE: [Change] [Addition]
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:
4.1 TITLE: [Change] [Addition]
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:
5.1 TITLE: [Change] [Addition]
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:
6.1 TITLE: [Change] [Addition]
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY - ST - ZIP:

14. I do 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.

SIGNATURE: [Signature] DATE: 4/10/97 DAYTIME PHONE: 813 251-4546

CR2E034 (9/96)