

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000053582 (1)**

1. Corporation Name
STAR ENTERTAINMENT, INC.



Principal Place of Business
**12100 NE 16TH AVE.
STE. 107
N. MIAMI FL 33161
US**

Mailing Address
**12100 NE 16TH AVE.
STE. 107
N. MIAMI FL 33161
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified **07/30/1993** 3a. Date of Last Report **04/18/1995**

4. FEI Number **65-0428371** 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
**PETT, SHELDON D
12100 NE 16TH AVE.
STE. 107
N. MIAMI FL 33161**

10. Name and Address of New Registered Agent
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 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	EUBEN, ARTHUR	
STREET ADDRESS	1851 W. OAK HAVEN CIRCLE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PETT, LAURA E	
STREET ADDRESS	1851 W. OAK HAVEN CIRCLE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EUBEN, JEAN	
STREET ADDRESS	1851 W. OAK HAVEN CIRCLE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PETT, SHELDON D	
STREET ADDRESS	1851 W. OAK HAVEN CIRCLE	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	721 N.E. 203RD LANE
14 CITY-ST-ZIP	
15 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	721 N.E. 203RD LANE
18 CITY-ST-ZIP	
19 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	721 N.E. 203RD LANE
22 CITY-ST-ZIP	
23 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	721 N.E. 203RD LANE
26 CITY-ST-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-ST-ZIP	

14. I do hereby certify that the information supplied on this filing is voluntary, 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: **Sheldon D. Pett, SECRETARY 3/17/96 (305) 893-7744**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)