


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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000077322 (4)
 1. Corporation Name
UNION STAR TRADE, CORP.



Principal Place of Business 8179 NW 74 AVENUE MEDLEY FL 33166 US	Mailing Address 8179 NW 74 AVENUE MEDLEY FL 33166 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified			
21 7370 N.W. 36 STREET	Suite, Apt. #, etc.	26 7370 N.W. 36 STREET	Suite, Apt. #, etc.	11/08/1993			
22 STE 320	City & State	27 STE 320	City & State	4. FEI Number	Applied For		
23 MIAMI - Florida	Zip	28 MIAMI - Florida	Zip	65-0449195	Not Applicable		
24 33166	25 U.S.A.	29 33166	30 U.S.A.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DE SILVA, MARCIA 1075 93TH ST BAY HARBOR ISLAND FL 33154				81 Name	MARCIA SILVA		
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83	9009 DICKENS AVE		
				84 City	SURFSIDE	85 Zip Code	FL 33154

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, MARICA	1.2 NAME	FELIPE ELIAS REGINO
STREET ADDRESS	1075 93TH STREET #405	1.3 STREET ADDRESS	9009 DICKENS AVE
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	1.4 CITY-ST-ZIP	SURFSIDE - Florida - 33154
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 in an attachment with an address.

SIGNATURE:  **23/04/98** (305) 477-5002

CP2E034 (10/97)