

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056254 (3)**

1. Corporation Name
STAR INTERNATIONAL COURIERS, INC.

Principal Place of Business Mailing Address
8534 NW 66TH ST MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **07/29/1994** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
8440 N.W. 66 ST. 8440 N.W. 66 ST.

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State
MIAMI, FL. MIAMI, FL.

23 Zip 24 Country 25 28 Zip 29 Country 30
33166 USA 33166 USA

4. FEI Number **65-0508166** Applied For
Not Applicable

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

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution 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

**DE FARIA, CARLOS A
8440-8428 NW 66TH STREET
MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name **Oduvaldo Mantovanelli**
82 Street Address (P.O. Box Number is Not Acceptable) **8440 N.W. 66 STREET**
83
84 City **MIAMI** FL 85 Zip Code **33166**

11. Pursuant to the provisions of Sections 607.0502, 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 described in 607.0505, Florida Statutes.

SIGNATURE **Oduvaldo Mantovanelli** DATE **02.07.95**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **MANTOVANELLI, ODUVALDO**
STREET ADDRESS **8534 NW 68TH ST**
CITY-ST-ZIP **MIAMI FL 33168**

1.1 TITLE Change Addition
1.2 NAME **P. D. Oduvaldo Mantovanelli**
1.3 STREET ADDRESS **8440 N.W. 66 ST.**
1.4 CITY-ST-ZIP **MIAMI, FL. 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME **S. RUBENS RABELLO**
2.3 STREET ADDRESS **410 POINCIANA ISLAND DRIVE**
2.4 CITY-ST-ZIP **MIAMI BEACH, FL. 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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 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; that I am 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 from an appointment with an address.

SIGNATURE: **Oduvaldo Mantovanelli** DATE **02.07.95** 305-597-9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number