

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

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED

98 JUN -9 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074240

1. Corporation Name

Regency Star Corporation

Principal Place of Business Mailing Address
100 SE 2nd Street 444 Brickell Av. #51-246
Miami, Florida 33131 Miami, Florida 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		9/26/95	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		4. FEI Number	
22		27		65-0025969	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		26		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
IBC Fiduciary Inc.				81 Name			
100 SE 2nd Street, Suite 2315				82 Street Address (P.O. Box Number is Not Acceptable)			
Miami, Florida 33131				83 000002560570			
				-06/16/98--01045--007			
				84 City			
				****300 zip code *300.00			
				FL			

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: *Lucius SMEJDA, Vice-President 4/29/98*
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	P/T/D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Dully, Thomas		1.2 NAME	000002560570			
STREET ADDRESS	444 Brickell Av. #51-246		1.3 STREET ADDRESS	-06/16/98--01045--007			
CITY - ST - ZIP	Miami, Florida 33131		1.4 CITY - ST - ZIP	****158.75 ****158.75			
TITLE	V/S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Dully, Ursula		2.2 NAME	REINSTATEMENT 96-98			
STREET ADDRESS	444 Brickell Av. #51-246		2.3 STREET ADDRESS				
CITY - ST - ZIP	Miami, Florida 33131		2.4 CITY - ST - ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Smejda, Lucius		3.2 NAME				
STREET ADDRESS	444 Brickell Av. #51-246		3.3 STREET ADDRESS				
CITY - ST - ZIP	Miami, Florida 33131		3.4 CITY - ST - ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Dully, Oliver		4.2 NAME				
STREET ADDRESS	444 Brickell Av. #51-246		4.3 STREET ADDRESS	W980000 11483			
CITY - ST - ZIP	Miami, Florida 33131		4.4 CITY - ST - ZIP				
TITLE	AT/AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Henning, U.		5.2 NAME				
STREET ADDRESS	444 Brickell Av. #51-246		5.3 STREET ADDRESS	96-98 AR			
CITY - ST - ZIP	Miami, Florida 33131		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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lucius SMEJDA* 4/29/98 (305) 358-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)