

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

FILED  
Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000073102 (1)**  
1. Corporation Name  
**STAR TRADER INVESTMENTS, INC.**



Principal Place of Business <b>14225 SW 103RD CT. MIAMI FL 33176</b>	Mailing Address <b>14225 SW 103RD CT. MIAMI FL 33178-7012</b>
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3. Date Incorporated or Qualified <b>09/04/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0690698</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent <b>GUERRA, SANDRA A 13780 SW 56TH ST., STE. 230 MIAMI FL 33175</b>	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City <b>FL</b> 85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>PARRA, HIPOLITO P</b>	1.1 TITLE	1.2 NAME <b>PINTO, HIPOLITO P</b>
STREET ADDRESS <b>14225 SW 103RD COURT</b>	CITY-ST-ZIP <b>MIAMI FL 33176</b>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE <b>VD</b>	NAME <b>DE PINTO, CARMEN C</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>14225 SW 103RD COURT</b>	CITY-ST-ZIP <b>MIAMI FL 33176</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>TD</b>	NAME <b>PINTO, CLAUDIA</b>	3.1 TITLE	3.2 NAME
STREET ADDRESS <b>14225 SW 103RD COURT</b>	CITY-ST-ZIP <b>MIAMI FL 33176</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE <b>SD</b>	NAME <b>PINTO, JULIAN</b>	4.1 TITLE	4.2 NAME
STREET ADDRESS <b>14225 SW 103RD COURT</b>	CITY-ST-ZIP <b>MIAMI FL 33176</b>	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>PINTO, BIBIANA</b>	5.1 TITLE	5.2 NAME
STREET ADDRESS <b>14225 SW 103RD COURT</b>	CITY-ST-ZIP <b>MIAMI FL 33176</b>	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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)(l), 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 checked, or on an attachment with an address.

SIGNATURE:  **HIPOKITO P. PINTO - PRES 02/07/97 (305) 388-4010**

CR2E034 (9/96)