


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

FILED

**Apr 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000073102
 1. Corporation Name
STAR TRADER INVESTMENTS INC

Principal Place of Business 14225 SW 103rd Ct Miami FL 33176	Mailing Address 14225 SW 103rd Ct Miami FL 33176
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/04/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0690698	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

GUERRA SANDRA A
13780 SW 56th St Suite 230
Miami FL 33175

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINTO HIPOLITO P	12 NAME	
STREET ADDRESS	14225 SW 103rd Ct	13 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33176	14 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE PINTO CARMEN C	22 NAME	
STREET ADDRESS	14225 SW 103rd Ct	23 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33176	24 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINTO CLAUDIA	32 NAME	
STREET ADDRESS	14225 SW 103rd Ct	33 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33176	34 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINTO JULIAN	42 NAME	
STREET ADDRESS	14225 SW 103rd Ct	43 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33176	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINTO BIBIANA	52 NAME	
STREET ADDRESS	14225 SW 103rd Ct	53 STREET ADDRESS	900002474309
CITY-ST-ZIP	Miami FL 33176	54 CITY-ST-ZIP	-04/01/98--01008--016
TITLE	<input type="checkbox"/> DELETE	61 TITLE	***150.00
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 applicable, or on an attachment with an address.

SIGNATURE:  **HIPOLITO P PINTO - PRESIDENT** **03/12/98**

Signature and typed or printed name of signing officer or director Date Business Office #