

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90021 048 ***150.00

DOCUMENT # P98000043716

1. Entity Name
FEDERAL STAR CORP.

Principal Place of Business 10913 NW 30TH STREET SUITE 100 MIAMI FL 33172	Mailing Address 10913 N.W. 30TH STREET SUITE 100 MIAMI FL 33172-5029
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0837910		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREANI, OSCAR A			NAME			
STREET ADDRESS	10913 NW 30TH STREET STE 100			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, RALPH			NAME			
STREET ADDRESS	10913 NW 30TH STREET STE 100			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDSREANI, OSCAR A			NAME			
STREET ADDRESS	10913 N.W. 30TH STREET, STE 100			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			CITY-ST-ZIP			
TITLE	VT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, RALPH			NAME			
STREET ADDRESS	10913 N.W. 30TH STREET, STE 10			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERALTA DE ANDREANI, MARIA R			NAME			
STREET ADDRESS	10913 N.W. 30TH STEETB STE. 100			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *OSCAR A. ANDREANI* DATE: *April 15/2000* DAYTIME PHONE #: *301-599-2993*

CR2E034 (9/99)