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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000077429

1. Corporation Name

TRISTAR CONSOLIDATED, INC.

Principal Place of Business
 2650 NE 52 STREET
 LIGHTHOUSE POINT FL 33064-7052

Mailing Address
 2650 NE 52 STREET
 LIGHTHOUSE POINT FL 33064-7052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

65-0857259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 113 NW. 11TH Street

Suite, Apt. #, etc.

22 Boca Raton FL

23 City & State

24 33432 25 Country

26 33432 27 Country

2a. Mailing Address

26 113 NW. 11TH Street

Suite, Apt. #, etc.

27 Boca Raton FL

28 City & State

29 33432 30 Country

9. Name and Address of Current Registered Agent

WILLIAMS, STEPHEN G
2650 NE 52 STREET
LIGHTHOUSE POINT FL 33064-7052

10. Name and Address of New Registered Agent

81 Name **Hasseli, Shahram**
 82 Street Address (P.O. Box Number is Not Acceptable)
1165 NE 4TH AVENUE
 83
 84 City **Boca Raton** FL 85 Zip Code **33432**

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 reinstating)

DATE

x 3/1/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
 NAME **KHAVANIN, GHASEN**
 STREET ADDRESS **11800 SW 11 COURT**
 CITY-ST-ZIP **DAVE FL 33325**

TITLE **STD** ☐ DELETE
 NAME **HASSELL, SHAHRAM**
 STREET ADDRESS **1165 NE 4 AVER**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VP** ☒ DELETE
 NAME **POPELSCU, ENRICO**
 STREET ADDRESS **913 DIPLOMAT DRIVE**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x

SHAHRAM HASSELI V.P.

Date

Digital Phone #

CR2E034 (1/98)