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

PROFIT CORPORATION ANNUAL REPORT

1999

STAR TRAVEL, INC.

DOCUMENT # 261320



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90024 006 ***150.00

	BIGAL BURN BU	

Principal Place of Business Mailing Address					1 188115 Hote Steel (1980 Hills 16814 State State		15 0.0 100.		
300-71ST ST.	•	300-71 ST ST.				•			
SUITE #620		SUITE #620	SUITE #620		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE			
MIAMI BEACH	FL 33141	MIAMI BEACH FL 33141				3FACE			
				_	3. Date Incorporated or Qualifed 07/27/1962				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u></u>	plied For		
21		26			59:0993385		t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A			
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution	Added t	- 1		
Zip	Country	Zip			8. This corporation owes the current year In	tangible			
24	25	29 30	30		Personal Property Tax.	☐Yes	□No		
	9. Name and Address of Cur				10. Name and Address of New Registered	Agent			
			81	Name	•		ł		
BES	SER, PAUL		82	Street Ad	dress (P.O. Box Number is Not Acceptable)				
300	71ST ST		02	Street Au	idless (P.O. Box Number is Not Acceptable)				
SUIT	E 620		83						
MIAI	WI BEACH FL 33141				· · · · · · · · · · · · · · · · · · ·	·			
			84	City	FI .	85 Zip (Code	i	
office or n	edistered agent, or both, in the St	0502 and 607.1508, Florida Statutes, ate of Florida. Such change was auth ligations of, Section 607.0505, Florida	iorized by	the corpora	rporation submits this statement for the purpose o tion's board of directors. I hereby accept the appo	f changing its intment as re	registered gistered	ı	
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable. (NOTE: Re		nt signature requ	uired when reinstating) DATE			i	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A				
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition {	. :	
NAME	BESSER,PAUL		1.2 NAME						
STREET ADDRESS	1		1.3 STREE	TADDRESS	يراف المداور معمدوا للمالهم و			ì	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-S	T-ZIP				į	
TITLE	PST	☐ DELETE	2.1 TITLE)		Change	Addition \	, 	
NAME	Besser, Richard		2.2 NAME						
STREET ADDRESS	300 71ST STREET		2.3 STREE	TADORESS		,		l	
CITY-ST-ZIP	MIAMI BEACH FL		2. 4 CITY-	ST-ZIP	·			1	
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	ł	
NAME			3.2 NAME		·				
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			Change	Addition		
NAME			4. 2 NAME			i			
STREET ADDRESS			43STREE	TADDRESS				1	
CITY-ST-ZIP			4.4 CITY-5	T-ZIP				ĺ	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	ı	
NAME			5.2 NAME					l	
STREET ADDRESS			5.3 STREE	TADDRESS				l	
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP				l	
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	l	
NAME			6.2 NAME					-	
STREET ADDRESS			6.3 STREE	T ADDRESS			ļ		
			A 4 000 C					1	

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

aco Sen RED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR