SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003963 (5)**

1. Corporation Name
MIAMI TRI-STAR, INC.

Principal Place of Business	Mailing Address
1150 NW 72ND AVE SUITE 425 MIAMI FL 33126 US	1150 NW 72ND AVE SUITE 425 MIAMI FL 33126 US

3. Date Incorporated or Qualified: **07/29/1994**
3a. Date of Last Report: **08/24/1995**

2. Principal Place of Business
21 1150 NW 72ND AVE/425
Suite, Apt. #, etc.
22 425
City & State
23 MIAMI, FL.
Zip 24 33126 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27 SAME
City & State
28 SAME
Zip 29 SAME Country 30 SAME

4. FEI Number: **65-0483524** ☐ 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 Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LIMA, CHRISTOPHER T
14021 SW 91 TERRACE
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE 07/02/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	☐ DELETE	11 TI	☐ Change ☐ Addition
NAME	LIMA, CHRISTOPHER T		12 NA	
STREET ADDRESS	14021 SW 91 TERRACE		13 ST ET ADDRESS	
CITY-ST-ZIP	MIAMI FL		14 CI ST ZIP	
TITLE		☐ DELETE	21 TI	☐ Change ☐ Addition
NAME			22 NA	
STREET ADDRESS			23 ST T ADDRESS	
CITY-ST-ZIP			24 C ST-ZIP	
TITLE		☐ DELETE	31 TI	☐ Change ☐ Addition
NAME			32 NA	
STREET ADDRESS			33 ST I ADDRESS	
CITY-ST-ZIP			34 C ST-ZIP	
TITLE		☐ DELETE	41 TI	☐ Change ☐ Addition
NAME			42 N	
STREET ADDRESS			43 ST ADDRESS	
CITY-ST-ZIP			44 CI ST-ZIP	
TITLE		☐ DELETE	51 TI	☐ Change ☐ Addition
NAME			52 NA	
STREET ADDRESS			53 ST ADDRESS	
CITY-ST-ZIP			54 C -ZIP	
TITLE		☐ DELETE	61 TI	☐ Change ☐ Addition
NAME			62 NA	
STREET ADDRESS			63 S ADDRESS	
CITY-ST-ZIP			64 C -ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CHR T. LIMA 07/02/96 305 470 9711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)