PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700005431

1. Corporation Name

BRIGHTSTAR INTERNATIONAL CORP.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90079 036 ***150.00



						_			<u> </u>
Principal Place of Business Mailing Address									
2741 NW 82 AVENUE 2741 NW 82 AVENUE									
MIAMI FL 33122 MIAMI FL 33122						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						10/15/1997	`		ļ
2 Principal Place of Business vs 2a. Mailing Address						4. FEI Number		$-$ TT $_{\prime}$	Applied For
- 0701 NIII 107th (- 17701 NIII 10/				0	he.	33-0774267			Not Applicable
21 2 7 0 1						330/1420/			Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired			Required
27 City 8 State						Clastice Compaign Financing		\$5.0	0-May Be
City & State City & State					~ -	6. Election Campaign Financing — Trust Fund Contribution		•	d to Fees
23 1 (10(1)) , 12 28 1 10(1)						This corporation owes the curre	nt vear Inta		
						Personal Property Tax.		☐ Yes	□No
24 331	1 2 25	29 55 1/2 30	'l			10. Name and Address of New Re	aistered A	gent	
	9. Name and Address of Current	Registered Agent	81	ıl ı	Name	TO, Hallio disa Managera et Herri	<u> </u>	<u>.</u>	
DILL (TDOV		ا ا						
RILLO, TROY					Street Addre	ess (P.O. Box Number is Not Acceptate	ole)		İ
C/O KILKPATRICK & LOCKHART LLP				3					
201 S. BISCAYNE BLVD., 20TH FLOOR				'		•			
MIAN	AI FL 33131		84	4	City		FL	85 Zi	p Code
	<u></u>			L		oration submits this statement for the por's board of directors. I hereby accept		_ _	its registered
agent. I au	m familiar with, and accept the obligati	ons or, Section 607.0505, Florida	Juliule			oration submits this statement to the pon's board of directors. I hereby accept different control of the pont of t	DATE		
digitatio, type of the second						ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN 12
12.	PCTD	DELETE	1.1 TITLE					Chang	
NAME	CLAURE, RAUL M		1.2 NAME						
				1.3 STREET ADDRESS					
STREET ADDRESS	LAKE DE INVOITOEM			ST-Z					
CITY-ST-ZIP TITLE	□ OF STE			_			•	Chang	ge
	VD DAVID H					-			
NAME	FEIENSON, DAVID II				DORESS				
STREET ADDRESS	16 AVE DE CAMILIA			ST-	1	<u> </u>	,.		
CITY-ST-ZIP	TOTALONO TELEBER OFF			_	431			Chang	ge [] Addition
TITLE			3.1 TITLE 3.2 NAME						
NAME			3.3 STRE		DDRESS				ļ
STREET ADDRESS			3.4. CITY-			•		•	
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	_	ZIF			Chang	ge 🔲 Addition
TITLE			4. 2 NAM]
NAME			4.3 STRE	-	nnosee			•	
STREET ADDRESS									
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TITLE			5.1 NAME					_ , '	ļ
NAME			1		NDDRESS	•			
STREET ADDRESS			5.4 CITY-						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	_				Chang	ge Addition
TITLE		☐ DEFEIE	6.2 NAME					,	
NAME			l		ADDRESS				}
STREET ADDRESS			1						ì
OUDV CT 700			6.4 CITY-	-31-	411				

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: