


**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90104 024 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F98000001367**

1. Corporation Name

**FIRST STAR INTERNATIONAL LIMITED, INC.**

Principal Place of Business  
 1717 N BAYSHORE DRIVE #110  
 MIAMI FL 33132

Mailing Address  
 1717 N BAYSHORE DRIVE #110  
 MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

77-0118239

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Election Campaign Financing ☐

**\$5.00 May Be**  
**Added to Fees.**

8. This corporation owes the current year intangible

Personal Property Tax: ☐ Yes ☐ No

2. Principal Place of Business  
 21 **100 SE 22nd Street**  
 Suite, Apt. #, etc.  
 22 **Suite 3320**  
 City & State  
 23 **Miami FL**  
 Zip Country  
 24 **33131** 25 **DADE**

2a. Mailing Address  
 26 **100 SE 22nd St.**  
 Suite, Apt. #, etc.  
 27 **Suite 3320**  
 City & State  
 28 **Miami FL**  
 Zip Country  
 29 **33131** 30 **DADE**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name **Milan Mandaric**  
 82 Street Address (P.O. Box Number is Not Acceptable) **100 SE 22nd St #3320**  
 83  
 84 City **Miami** FL 85 Zip Code **33131**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	MANDARIC, MILAN	
STREET ADDRESS	19152 B FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAWKER, GREGG	
STREET ADDRESS	14127 CAPRI DRIVE STE 2A	
CITY-ST-ZIP	LOS GATOS CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARION, DAVID	
STREET ADDRESS	60 SOUTH MARKET ST., STE 1400	
CITY-ST-ZIP	SAN JOSE CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>7792 Fisher Island Drive</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/99** **(408) 3792237**  
 Date Daytime Phone #

CR2E034 (11/98)