

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90009 018 ***158.75

DOCUMENT # J58246

1. Corporation Name
FLOSTAR INC.

Principal Place of Business
2801 PONCE DE LEON BLVD
SUITE 270
CORAL GABLES FL 33134
US

Mailing Address
P.O. BOX 490265
KEY BISCAYNE FL 33149-0265
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1987

4. FEI Number

65-0121801

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ARIAS, MANUEL F
55 OCEAN LANE DRIVE
#3019
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name

ARIAS, MANUEL F.

82 Street Address (P.O. Box Number is Not Acceptable)

217 E. ENID DRIVE

83

84 City

KEY BISCAYNE

FL

85 Zip Code

33149

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

Manuel F. Arias

- MANUEL F. ARIAS - DIRECTOR 1/9/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE SDPT
NAME ARIAS, MANUEL F.
STREET ADDRESS 55 OCEAN LANE DR APT 3019
CITY-ST-ZIP KEY BISCAYNE FL

TITLE DV
NAME ARIAS, ANGELA
STREET ADDRESS 55 OCEAN LANE DR APT 3019
CITY-ST-ZIP KEY BISCAYNE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SDPT

☐ Change

☐ Addition

1.2 NAME

ARIAS MANUEL F.

CHANGE OF ADDRESS

1.3 STREET ADDRESS

217 E. ENID DRIVE

1.4 CITY-ST-ZIP

KEY BISCAYNE, FL 33149

2.1 TITLE

DV

☐ Change

☐ Addition

2.2 NAME

ARIAS, ANGELA

CHANGE OF ADDRESS

2.3 STREET ADDRESS

217 E. ENID DRIVE

2.4 CITY-ST-ZIP

KEY BISCAYNE, FL 33149

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Manuel F. Arias

MANUEL F. ARIAS
DIRECTOR

1/9/99 (305) 444-6035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)