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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K12565

(3)

STAR-DAVID CAB, INC.

Mailing Address

% ROZA BACHAR 2315 NE 194TH ST NORTH MIAMI BEACH FL 33180

Principal Place of Business

% ROZA BACHAR 2315 NE 194TH ST NORTH MIAMI BEACH FL 33180

**FILED** Jan 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

2										3. Date Incorporated or Qualified				
Suite, Apt. F. etc.    22    27    28    27    5. Certificate of Status Desired   \$8.75 Additional   Fee Productional   Fee Pro										01/22/1988				
Suite. Apt. 8, etc.  City & State  Condity  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	2. Principal Place of Business				2a. Mailing Address									
Suite, Apt. #, etc.  Suite, Ap	21				26					65-0166770	No	ot Applicable		
27   City & State   St	Suite, Apt. #, etc.				Suite, Apt. #, etc.						\$8.75	Additional		
23   Country   Zip	22				27					5. Certificate of Status Desired				
29   20   25   28   7   20   29   20   25   29   25   29   25   29   25   29   25   29   25   29   25   29   25   29   25   29   25   29   25   29   25   29   25   29   25   29   25   29   25   25	City & State				City & State					6. Election Campaign Financing	\$5/00	May Ba		
Zip   Country   Zip   Country   Set   Se	23				28					1 — — ·				
28   ZB   ZB   ZB   ZB   ZB   ZB   ZB   Z							ntry			<del>-/</del>				
9. Name and Address of New Registered Agent  7. ITZHAK BACHAR, P.A. 83 NE 167TH STREET SUITE 701 NORTH MIAMI BEACH FL 33162  84 City FL 85 Zip Code  11. Private to the provisions of Section 670,7650 and 607,1656. Privise Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0506, Florida Statutes.  11. Private to the provisions of Section 607,0500 and 607,1656. Privise Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0506, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. TITLE	24	Ī	25	29	30			-						
Note			stered Agent											
633 NE 167TH STREET   SUITE 701   NORTH MIAMI BEACH FL 33162   84   City   FL   85   Zip Code	ITTHAK RACHAR PA													
SUITE 701 NORTH MIAMI BEACH FL 33162  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its registered agent an amount of 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 an amount of registered agent an amount of registered agent an amount of registered agent and accept the obligations of, Section 607,0509, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD SEC. DELETE  1.1 TITLE  BACHAR, ROZA  1.2 MAKE  BACHAR, ROZA  1.2 MAKE  BACHAR, FIZHAK  2.315 NE 194TH ST  1.3 STRET ADDRESS  CITY-ST-2P  NORTH MIAMI BCH FL  2.2 NAME  3.2 STRET ADDRESS  STRET ADDRESS  STRET ADDRESS  STRET ADDRESS  STRET ADDRESS  NORTH MIAMI BEACH FL  QPD  DELETE  3.1 TITLE  QPD  Addition  Addition  NAME  BACHAR, SHARON  3.2 NAME  3.3 STRET ADDRESS  ACTY-ST-2P  TITLE  QPD  DELETE  3.3 STRET ADDRESS  ACTY														
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DELETE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
NAME BACHAR, ROZA  STRET ADDRESS  2315 NE 194TH ST  NORTH MIAMI BCH FL  1.6 CTY-ST-ZIP  NORTH MIAMI BCH FL  1.6 CTY-ST-ZIP  NORTH MIAMI BCH FL  1.6 CTY-ST-ZIP  DELETE  2.1 TITLE  BACHAR, HZHAK  STREET ADDRESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  2.2 STREET ADDRESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  3.3 STREET ADDRESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  3.4 CTY-ST-ZIP  NORTH MIAMI BEACH FL  3.5 STREET ADDRESS  CITY-ST-ZIP  NORTH MIAMI BEACH FL  3.5 STREET ADDRESS  CITY-ST-ZIP  1.5 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  4.1 TITLE  C Change Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  5.1 STREET ADDRESS  CITY-ST-ZIP  DELETE  5.1 STREET ADDRESS  CITY-ST-ZIP  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  C Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  6.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  6.3 STREET ADDRESS  CITY-ST-ZIP  C Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  6.3 STREET ADDRESS  CITY-ST-ZIP  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  6.3 STREET ADDRESS  CITY-ST-ZIP  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  6.3 STREET ADDRESS  CITY-ST-ZIP  Addition  NAME  1.4 I TITLE  C Change Addition  NAME  1.4 I TITLE  1.5 CHANGE  STREET ADDRESS  CITY-ST-ZIP  Addition  NAME  1.4 I TITLE  1.5 CHANGE  STREET ADDRESS  SACTITY-ST-ZIP  Addition  1.4 I TITLE  1.5 CHANGE  STREET ADDRESS  SACTITY-ST-ZIP  Addition  1.4 I TITLE  1.5 CHANGE  STREET ADDRESS  SACTITY-ST-ZIP  Addition  1.4 I TITLE  1.5 CHANGE  STREET ADDRESS  SACTITY-ST-ZIP  SACTITY-ST-ZIP  ADDRESS  SACTITY-ST-ZIP  ADDRESS  SACTITY-ST-ZIP  ADDRESS  SACTITY-ST-ZIP  ADDRESS  SACTITY-ST-ZIP  ADRESS  SACTITY-ST-ZIP  ADDRESS  SACTITY-ST-ZIP	12,		DIRE	RECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOR	S IN 12			
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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.

SIGNATURE: