

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # K22294 (8)

1. Corporation Name

STAR PROFESSIONAL ENTERPRISES, INC.

FILED
 95 JUL 28 PM 1:10
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

507 N 46TH AVE
 HOLLYWOOD FL 33021
 US

P.O. BOX 471663
 MIAMI FL 33247

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/02/1988

06/28/1994

4. FEI Number

Applied For

65-0064781

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. This corporation is a foreign corporation or foreign limited liability partnership

☐ \$5.00 May Be Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21. 940 NE 142nd ST

26. AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23. NORTH MIAMI, FL

28.

24. Zip 33161

Country USA

29.

Country

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IBRAHEEM, FOLORUNSO
 701 N.W. 214 STREET #403
 MIAMI FL 33169

81. Name

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

83. NORTH MIAMI

84. City

MIAMI

FL

85. Zip Code

33161

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 title if applicable)

DATE Registered Agent signature required when terminating

DATE

12. OFFICERS AND DIRECTORS

13. Additional Officers and Directors (Add rows as needed)

TITLE	P
NAME	IBRAHEEM, FOLORUNSO
STREET ADDRESS	2930 N.W. 210 TERRACE
CITY ST ZIP	CAROL CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST 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 this 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. 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 and is typed on an attachment with this return.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IBRAHEEM, F.

7-24-95 (305) 895-4912