

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # K60267**

**(7)**

1. Corporation Name

**TRI-STAR EXPORT, INC.**



Principal Place of Business

Mailing Address

**C/O JOHN EBANKS  
2400 N. W. 39 AVENUE  
MIAMI FL 33142**

**2400 NORTHWEST 39 AVENUE  
2400 N. W. 39 AVENUE  
MIAMI FL 33142  
US**

3. Date Incorporated or Qualified  
**01/20/1989**

3a. Date of Last Report  
**04/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 County

29 Zip

30 Country

4. FEI Number

**65-0178571**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EBANKS, JOHN  
3900 N. W. 24TH STREET  
MIAMI FL 33142**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0512 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name and address of the person signing this statement

Date of Signature (If Agent is not a registered agent, date of filing)

DATE

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>HUNTER, LAWRENCE G.</b>  |                                 |
| STREET ADDRESS | <b>282 N.W. 111 TERRACE</b> |                                 |
| CITY-STATE-ZIP | <b>MIAMI SHORES FL</b>      |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> DELETE |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-STATE-ZIP |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY-STATE-ZIP |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY-STATE-ZIP |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY-STATE-ZIP |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY-STATE-ZIP |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY-STATE-ZIP |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY-STATE-ZIP |                                                                   |

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 for the period 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

**5-15-96**

**305-871-2202**

CR2E034 (12/95)