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**

DOCUMENT # K60267

TRI-STAR EXPORT: INC

FILED Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90021 043 ***150.00



Principal Place of Business Mailing Address								Williams and			
C/O JOHN EBANKS 2400 NORTHWEST 39 AVEN								1. 1. 1. 1. 1. 1.			
2400 N. W. 39 AVENUE 2400 N. W. 39 AVENUE				. –			h. S				
MIAMI FL 33142 MIAMI FL 33142							DC	DO NOT WRITE IN THIS SPACE			
US					3. Date Incorr			orated or Qualifed			
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								the state of	- i . .		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	3.4.5	Ap	plied For	
21 26							65-0178571	图 特	No.	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							3	_listed_is_is	\$8.75	Additional	
							Certificate of Status	Desired	Fee Re	I	
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City & State City & State							6. Election Campaign	14-4-1 N# NEVE 1	** \$5.00		
23	28						Trust Fund Contrib		Added t	to Fees	
Zip	Country Zip			Count	Country		8. This corporation ov	ves the current year I	ntangible		
24	25 29 3			10			Personal Property Tax.				
24	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	registere	u Agent		31 1	Name	TO: Hame and Addres	Exc. Arm	a rigoni		
	AND TOTAL			l°	י ויי	Name		E. S. C.			
EBANKS, JOHN					82 Street Address (P.O. Box Number is Not Acceptable)					·	
3900 N. W. 24TH STREET					GE Street Address (F.O. Dox Muniper is Not Acceptable)						
	MI FL 33142			9	33		*** ** ** ** ** * * * * * * * * * * *	STATE OF THE STATE		Ca4 3, 10 less	
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11 Dureuant	to the provisions of Sections 607 0502	2 and 607 1	508 Florida Statutes	the abo	ve-n	amed corp	oration submits this staten	nent for the purpose of	of changing its	registered	
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 of 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 a	m familiar with and accept the obligati	ions of, Se	ction 607.0505, Florid	la Statute	es.		i di				
SIGNATURE		1.5					126			· .	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg						gnature require	ed when reinstating) (197	DATE DATE	7.77		
12.	OFFICERS AN	• • • • • • • • • • • • • • • • • • • •		13.			ADDITIONS/CHANG	ES TO OFFICERS A	AND DIRECTO	RS IN 12	
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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: