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 # K82363 1. Corporation Name

CHINA STAR INTERNATIONAL, INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90018 043 ***150.00



Principal Place of Business Mailing Address										
% JOHM W. MONROE, JR. 23494 COYOTE SPGS. DR.										
30 S. SPRING S			DIAMOND BAR CA 91765			DO NOT WRITE IN THIS SPACE				
PENSACOLA FL 32501 US US						3. Date Incorporated or Qualifed				l
00						04/21/1989				l
2 Principal Pl	ace of Business	2a. Mailir	ng Address			4. FEI Number		Appli	ed For	
 1	ace of Dushiess	_	26			59-2945642	Not Applicable		ĺ	
Suite, Apt.	# atc		Suite, Apt. #, etc.				\$8.7		ditional	ĺ
	#, etc.		27			5. Certifcate of Status Desired		e Requ		Ì
22 City R. State			& State			6 Flortion Compaign Financing	\$5	00 м		١.
ـــــــــCity.&:State		28	a Glate					led to		 –
Zip Country			Zip Country			8. This corporation owes the current year Intangible				1
	25 29		30			Personal Property Tax.				
24	9. Name and Address of Current Registered Agent		<u> </u>		10. Name and Address of New Registered Agent				1	
	5. Name and Address of Curr	Sur Vedisteren	Agent	81	Name	The state of the s				١
MON	ROE, JOHN W., JR.						·			1
	S. PALAFOX PLACE					dress (P.O. Box Number is Not Acceptable)	ess (P.O. Box Number is Not Acceptable)			
	SACOLA FL 32501			00	ļ					1
PEN	SACOLA FL 32301			83						ĺ
<u> </u> 				84	City	<u></u>	85	Zip Co	de	ĺ
						F				Ĺ
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta in familiar with, and accept the obli	ant Florida Su	ch change was autho	orized by	the comora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing ointment a	g its re is regis	gistered :tered	
SIGNATURE									1	ĺ
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applica	ble. (NOTE: Rec	gistered Ager	nt signature requi	ired when reinstating) DATE				1
12.	OFFICERS A	AND DIRECTOR	RS	13.		ADDITIONS/CHANGES TO OFFICERS				
TITLE	D		☐ DELETE	1.1 TITLE		-	Cha	nge	☐ Addition	:
NAME	HO, ALAN			1.2 NAME						١.
STREET ADDRESS	23494 COYOTE SPGS. DR.			1.3 STREE	T ADDRESS					li
CITY-ST-ZIP	DIAMOND BAR CA			1.4 CITY-S	T-ZIP					Ĺ
TITLE	D		DELETE	2.1 TITLE			☐ Chai	nge	Addition	۱ '
NAME	HO, PONY		•	2.2 NAME						1
STREET ADDRESS	23494 COYOTE SPGS. DR.			23 STREE	TADDRESS					İ
	DIAMOND BAR CA			2.4 CITY-5	Ļ				İ	1
CITY-ST-ZIP			☐ DELETE	3.1 TITLE	-		☐ Cha	nge	Addition	1
TITLE	S HO DONY			3.2 NAME			_	-		
NAME	HO, PONY		-		T ADDRESS					1
STREET ADDRESS	23494 COYOTE SPRINGS DI	1			TADORESS					-
CITY-ST-ZIP	DIAMOND BAR CA		DELETE	3.4. CITY-5	51-ZIP		Cha	nge	Addition	1
TITLE			□ occeie	4.1 TITLE	į			, go		l
NAME				4. 2 NAME						l
STREET ADDRESS				4.3 STREE	TADDRESS					Į
CITY+ST-ZIP				4.4 CITY-S	T-ZIP					1
TITLE			☐ DEFELE	5.1 TITLE	1		☐ Cha	nge	☐ Addition	1
NAME				5.2 NAME						
STREET ADDRESS			•	5.3 STREE	TADDRESS					
CITY-ST-ZIP			_	5.4 CITY-S	ıı-zip					
TITLE			☐ DELETE	6.1 TITLE			☐ Cha	nge	☐ Addition	
NAME				6.2 NAME						1
OTDEET AND DEGG				6.3 STREE	T ADDRESS	-				ţ

14. 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 qn an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #