


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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90096 049 ***150.00

0178218

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # K95541

1. Corporation Name
STAR CARGO CORPORATION

| | |
|--|--|
| Principal Place of Business 2201 NW 93RD AVE 2799 NW 82ND AVE. MIAMI FL 33172 33122 US | Mailing Address 2201 NW 93RD AVE 2799 NW 82ND AVE. MIAMI FL 33172 33122 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|---|--|--|
| 2. Principal Place of Business 21 2799 NW 82ND AVE. Suite, Apt. #, etc. 22 City & State 23 MIAMI - FL. Zip 24 33122 25 Country | | 2a. Mailing Address 26 2799 NW 82ND AVE. Suite, Apt. #, etc. 27 M City & State 28 MIAMI - FL. Zip 29 33122 30 Country | | 3. Date Incorporated or Qualified 06/14/1989 | |
| | | 4. FEI Number 65-0127749 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent KERN, SHEILA R. 2201 NW 93 AVE 2799 NW 82ND AVE. MIAMI FL 33172 33122 | | | 10. Name and Address of New Registered Agent 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 607.0502 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PST <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KERN, SHEILA R. | 1.2 NAME | |
| STREET ADDRESS | 2201 NW 93RD AVE | 1.3 STREET ADDRESS | 2799 NW 82ND AVE. |
| CITY-ST-ZIP | MIAMI FL 33172 | 1.4 CITY-ST-ZIP | MIAMI - FL. 33122 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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:

Sheila R. Kern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 **(305) 477-2659**
Date Daytime Phone #

CR2E034 (1/1/98)