Applied For Not Applicable

Mar 24, 1999 8:00 am

Secretary of State

03-24-1999 90015 003 ***150.00

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 # L5087 1. Corporation Name DYNAMIC STAR PUBLISHING IN				
Principal Place of Business	Mailing Address		-	BINII NISII RABII NINII AINA I
4400 ISLAND ROAD BAY POINT MIAMI FL 33137	5101 COLLINS AVENUE SUITE 32 MIAMI BEACH FL 33140		DO NOT WRITE IN THIS	S SPACE
MIAMI FE 33137	MINIMI DENOTIFIC SOCIO		3. Date Incorporated or Qualifed 02/13/1990	
2. Principal Place of Business	2a. Mailing Address	0 0 . 1	4. FEI Number	Applied For
21 DAME AS	26 4400 151	<u>Ano Moad</u>	65-0216475	Not Applica
Suite, Apt. #, etc."	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	28 City & State	=(.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	29 33137 30	Country	This corporation owes the current year In Personal Property Tax.	tangible ☐ Yes ☐ No
9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered	Agent
COSME DE LA TORRIENTE 155 SW 25 ROAD		81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)	<u>, </u>
MIAMI FL 33129		83		
		84 City	FL	
Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sagent. I am familiar with, and accept the other.	tate of Florida. Such change was author	rized by the corporation	ration submits this statement for the purpose on a board of directors. I hereby accept the appora	f changing its registered intment as registered
SIGNATURE		stered Agent signature required	when reinstation). DATE	
Signature, typed or printed name of registere		42	ADDITIONS/CHANGES TO DEFICERS A	ND DIRECTORS IN 12

CR2F034 (11/9R) CTORS IN 12 12. OFFICERS AND DIRECTORS Change □ Addition **PSD** DELETE 1.1 TITLE TITLE 1.2 NAME NAME ALVARES, LISSETTE 1.3 STREET ADDRESS STREET ADDRESS 4400 ISLAND RD, BAY POINT **MIAMI FL 33137** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE VTD 2.1 TITLE 2.2 NAME CHIRINO, WILLY NAME STREET ADDRESS 4400 ISLAND RD, BAY POINT 2.3 STREET ADDRESS MIAMI FL 33137 CITY-ST-ZJP 2:4 CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, and an attachment with an address, with all other like empowered.

SIGNATURE

Daytime Phone #