

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 21 PM 3: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L68569

(7)

1. Corporation Name

STAR ON THE BEACH, INC.

Principal Place of Business

40501 N.E. 2ND AVENUE  
NORTH MIAMI BEAC FL 33179

Mailing Address

40501 N.E. 2ND AVENUE  
NORTH MIAMI BEAC FL 33170

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/23/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0224062

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

2. Principal Place of Business

21 18600 NE 2nd Ave

2a. Mailing Address

26 18600 NE 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

24 33179-4428

28 Zip

Country

29 33179-4428

30

9. Name and Address of Current Registered Agent

ASYAG, MOSHE  
40501 NE 2ND AVE  
NORTH MIAMI BEACH FL 33179-1448

10. Name and Address of New Registered Agent

81 Name

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

18600 NE 2 AVE

83

84 City

FL

85 Zip Code  
33179-4428

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

|                 |                       |
|-----------------|-----------------------|
| TITLE           | DP                    |
| NAME            | ASYAG, MOSHE          |
| STREET ADDRESS  | 40501 N.E. 2ND AVENUE |
| CITY - ST - ZIP | N. MIAMI BEACH FL     |
| TITLE           | DS                    |
| NAME            | ASYAG, ZAHAVA         |
| STREET ADDRESS  | 40501 NE 2ND AVE      |
| CITY - ST - ZIP | N MIAMI BCH FL        |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  | 18590 NE 2 AV                                                                |
| 1.4 CITY - ST - ZIP |                                                                              |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  | 18590 NE 2 AV                                                                |
| 2.4 CITY - ST - ZIP |                                                                              |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 CITY - ST - ZIP |                                                                              |

14. I do hereby certify that the information supplied with this filing 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 or the registered or limited 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

MOSHE ASYAG

PRESIDENT

2/24/95 305/652-6299

Date

Signature #