

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L68569

(7)

1. Corporation Name

STAR ON THE BEACH, INC.

Principal Place of Business

18600 NE 2ND AVE
NORTH MIAMI BEACH FL 33179-4428
US

Mailing Address

18600 NE 2ND AVE
NORTH MIAMI BEACH FL 33179-4428
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ASYAG, MOSHE
18600 NE 2 AVE
NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified

04/23/1990

3a. Date of Last Report

03/21/1995

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

10. Name and Address of New Registered Agent

Name

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

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

TITLE DP ☐ DELETE

NAME ASYAG, MOSHE

STREET ADDRESS - 1850 NE 2 AV -
CITY-ST-ZIP N MIAMI BEACH FL

TITLE DS ☐ DELETE

NAME ASYAG, ZAHAVA

STREET ADDRESS - 18599 NE 2 AV -
CITY-ST-ZIP N MIAMI BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 T

1.2 N

1.3 S ADDRESS

1.4 C-ZIP

21388 Marina Cove Cir., #G17

2.1 T

2.2 N

2.3 S ADDRESS

2.4 C-ZIP

21388 Marina Cove Cir., #G17

3.1 T

3.2 N

3.3 S ADDRESS

3.4 C-ZIP

☐ Change ☐ Addition

4.1 T

4.2 N

4.3 S ADDRESS

4.4 C-ZIP

☐ Change ☐ Addition

5.1 T

5.2 N

5.3 S ADDRESS

5.4 C-ZIP

☐ Change ☐ Addition

6.1 T

6.2 N

6.3 S ADDRESS

6.4 C-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/25/96

X 3056526299

CR2E034 (12/95)