04-20-1999 90173 031 \*\*\*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 # L75549

1. Corporation Name

ETI'S BLUE STAR CORPORATION

Principal Place	of Business	Mailing Address					,,, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
10631 SW 103R	D ST	10631 SW 103RD STREET								
MIAMI FL 33176		MIAMI FL 33176				DO NOT WRITE IN THIS SPACE				
US					3. Date Incorporated or Qualifed					
						05/23/1990				- [
2. Principal Pla	ace of Business	2a, Mailing Address			_	4. FEI Number	=		Applied For	
21		26				65-0194597			Not Applicab	le
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	5. Certificate of Status Desire	d □	<b>+</b>	5 Additional	
22		27				5. Certificate of Status Desire		Fee	Required	_
City & State		City & State				6. Election Campaign Finance	ing 🗆	•	<b>)0</b> May Be	
23		28				Trust Fund Contribution			ed to Fees	
Zip	Country	Zip	Counti	У		8. This corporation owes the	current year In	tangible Yes	□No	
24	25	29 30	<u> </u>		_	Personal Property Tax.  10. Name and Address of N	Posistorod		LINO	
	9. Name and Address of Current	Registered Agent	8	4   6	Name	10. Name and Address of N	w Kegistered	Agent		$\dashv$
711.414	IERMAN, MICHAEL J., CPA			'  '		·				
13320 SW 128TH ST.			8.	2 3	Street Addre	ss (P.O. Box Number is Not Acc	eptable)			
MIAMI FL 33186			8	-		<del>,</del>		_		-
iain-riai	11 1 2 33 700		•	۱,						
			8	4 1	City		FI	85 Z	ip Code	
44 Purpuant	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statutes	the abo	ve-n	named corpo	ration submits this statement for	the nurnose o	f changing	its registered	1
affina ar m	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	st Florida. Such change was auti	ionzea n	v m	e corporation	n's board of directors. I hereby a	ccept the appo	ointment as	s registered	
SIGNATURE										ĺ
	Signature, typed or printed name of registered agen	<u> </u>		ent si	ignature required	when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIDEC	TODE IN 12	
12.	OFFICERS AN	D DELETE	13.			ADDITIONS/CHANGES TO	OFFICERS A	Chan		
TITLE	P ADAZI MOCUE	T DECE !	1.2 NAME		İ				• -	
NAME	ARAZI, MOSHE		1.3 STRE		nnosee					
STREET ADDRESS	10631 SW 103RD ST.		1.4 CITY-				•			
CITY-ST-ZIP	MIAMI FL VP	☐ DELETE	2.1 TITLE		ZIP	<u> </u>		☐ Chan	ge 🗌 Addi	tion
TITLE		<u> </u>	2.1 NAME						•	
NAME	ARAZI, ESTHER		2.3 STREE		OMOESS					
STREET ADDRESS			2.4 CITY							
CITY-ST-ZIP					ZIP			Chan	ge Addi	ition
TITLE			3.1 TITLE 3.2 NAME						- —· 、,	٠ 👡
NAME					DODESC					,
STREET ADDRESS			3.3 STRE		i					
CITY-ST-ZIP			3.4. CITY 4.1 TITLE		AIP		_	Chan	nge	ition
TILLE }		☐ perete	1							
NAME			4. 2 NAM	_						
STREET ADDRESS			4.3 STRE							
CITY-ST-ZIP		☐ DELETE	4.4 CITY-		ZIP	<u> </u>		☐ Chan	ige Add	ition
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NAME			5.2 NAME 5.3 STRE		DOBESS	• •		•		
STREET ADDRESS										
CITY-ST-ZIP		☐ DELETE	5.4 CITY- 6.1 TITLE		LIP			☐ Char	nge 🗌 Add	ition
TITLE			6.2 NAMI						.å~ □.100	
NAME					DDC1556					
STREET ADDRESS	}		6.3 STRE	C I A	DULKESS !					

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:

CITY-ST-ZIP

REQUIRED PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR