Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90121 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M13445

1. Corporation Name

FLORIDA STAR INSURANCE AGENCY INC.

Principal Place	e of Business	Mailing Address				(#8) 	I #1001 OIII OIOII O	IBII DIANI BIBII B	ION EIBH IBAI
C/O ESTRELLA LLERENA 2802 N.E. 2ND AVENUE MIAMI FL 33137-4419		C/O ESTRELLA LLERENA 2802 N.E. 2ND AVENUE MIAMI FL 33137-4419	C/O ESTRELLA LLERENA 2802 N.E. 2ND AVENUE			DO NOT WRITE IN THIS SPACE			
	•••				3	 Date Incorporated or Qualife 03/29/1985 	ed		ļ
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Apr	plied For
─ , .	iace of business	26. Maining Address				59-2519084			t Applicable
Suite Ant :	# etc	Suite, Apt. #, etc.					_	\$8.75 A	
Suite, Apt. #, etc.		27				5. Certifcate of Status Desired	. ∐	Fee Rec	
City & State		City & State				6. Election Campaign Financin	g	\$5.00	May Be
23		28	28			Trust Fund Contribution	a 🗆	Added to	• 1
Zip	Country	Zip	Countr	у	8	B. This corporation owes the c	urrent year Int	angible	
24	25		30			Personal Property Tax.			□No
	9. Name and Address of Curre	ent Registered Agent				0. Name and Address of Nev	<u>Registered</u>	Age <u>nt</u>	
	: 		8	1 Nam	ne				
	RENA, ESTRELLA		8:	2 Stre	et Address ((P.O. Box Number is Not Acce	ptable)		
2802 N.E. 2ND AVENUE							<u> </u>		
MAIM	VI FL 33137		8	3					
	: * ·		8	4 City				85 Zip C	ode
	<u>:</u>			1			FL		
11. Pursuant i	to the provisions of Sections 607.05 egistered agent, or both, in the State	502 and 607.1508, Florida Statute	es, the about	ve-name	ed corporation's l	ion submits this statement for t board of directors. I hereby ac	he purpose of cept the appoi	changing its on tract as rec	registered / gistered
Office of te	egistered agent, or both, in the State	e of Florida, oddir change was at	ido Ctotuto	y and do	poration 3	board or directors. Thereby de-	oopo oppo.		,
agent. I ar	m familiar with, and accept the oblig	Janons Di, Section 607.0303, Fior	ida Statute	es.					
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE:	Registered Ag		re required wher		DATE	ID DIRECTO	DS IN 12
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE:	Registered Ag	ent signatu	re required wher	n reinstating) ADDITIONS/CHANGES TO (
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	gent and title if applicable. (NOTE:	Registered Ag 13. 1.1 TITLE	ent signatu	re required when			ID DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A PTD LLERENA, ESTRELLA	gent and title if applicable. (NOTE:	13. 1.1 TITLE	ent signatu					
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A PTD LLERENA, ESTRELLA 2800 N.E. 2ND AVE	gent and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signatu					
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PTD LLERENA, ESTRELLA 2800 N.E. 2ND AVE MIAMI FL	gent and title if applicable. (NOTE: NND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ent signatu				Change	☐ Addition
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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 one attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-Z)P

<u> BE REQUIRED</u> PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-59

Daylime Phone #