

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

New Address:

STAR CARIBBEAN, INC.
1730 N.W. 23RD STREET
MIAMI, FLORIDA 33142
TEL: 305 - 636 - 9988

DOCUMENT # **M34453** (4)

1. Corporation Name

STAR CARIBBEAN, INC.

Principal Place of Business **STAR CARIBBEAN, INC.**
~~1730 N.W. 23RD ST.~~ **1730 N.W. 23RD STREET**
~~MIAMI FL 33142~~ **MIAMI, FLORIDA 33142**
TEL: 305 - 636 - 9988



2. Principal Place of Business
21 **1730 N.W. 23RD ST.**
Suite, Apt. #, etc.
22
City & State
23 **MIAMI, FLORIDA**
Zip Country
24 **33142** 25
2a. Mailing Address
26 **1730 N. W. 23RD STREET**
Suite, Apt. #, etc.
27
City & State
28 **MIAMI, FLORIDA**
Zip Country
29 **33142** 30

3. Date Incorporated or Qualified **06/27/1986** 3a. Date of Last Report **04/10/1995**
4. FEI Number **59-2500908** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

(LAST NAME) (FIRST NAME)
~~4101 N.W. 155TH COURT~~ **TJIN-KON-KIEM, MARCEL**
~~MIAMI FL 33185~~ **1730 N.W. 23RD STREET**
MIAMI, FLORIDA 33142

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **P**
STREET ADDRESS ~~4341 S.W. 155TH COURT~~ **TJIN-KON-KIEM, MARCEL**
CITY-ST-ZIP **MIAMI FL 33185** **MIAMI, FL 33142**
TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **CUSATI, LORENZINA A**
CITY-ST-ZIP **MIAMI FL 33185**
TITLE ☐ DELETE
NAME **T** (LAST NAME)
STREET ADDRESS ~~4341 S.W. 155TH COURT~~ **TJIN-KON-KIEM, MARCEL**
CITY-ST-ZIP **MIAMI FL 33185**
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
1.1 TITLE ☐ Change ☐ Addition
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARCEL TJIN-KON-KIEM

FEB. 26TH, 1996 305-636-9988

Date

Daytime Phone #

CR2E034 (12/95)