

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

DOCUMENT # **M52529** (8)
1. Corporation Name
CONSTAR CORPORATION



Principal Place of Business: **444 BRICKELL AVE 51-426 MIAMI FL 33131 US**
Mailing Address: **444 BRICKELL AVE 51-246 MIAMI FL 33131 US**

3. Date Incorporated or Qualified: **05/21/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2824335**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contributor: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

21. Principal Place of Business
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Country

9. Name and Address of Current Registered Agent
**IBC FIDUCIARY INC.
100 S E SECOND STREET
SUITE 2315-A
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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 filer's application. (NOTE: Registered Agent signature required when filing.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SMEJDA, L	
STREET ADDRESS	444 BRICKELL AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	PASD	<input type="checkbox"/> DELETE
NAME	HENLEY, J	
STREET ADDRESS	444 BRICKELL AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	MAXFIELD, P	
STREET ADDRESS	444 BRICKELL AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMEJDA, L.	
1.3 STREET ADDRESS	444 Brickell Avenue	#51-246
1.4 CITY - ST - ZIP	Miami FL	
2.1 TITLE	PASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HENLEY, J	
2.3 STREET ADDRESS	444 Brickell Avenue	#51-246
2.4 CITY - ST - ZIP	Miami FL 33131	
3.1 TITLE	VPAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CARBAYO, E.	
3.3 STREET ADDRESS	444 Brickell Avenue	#51-246
3.4 CITY - ST - ZIP	Miami FL 33131	
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 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: J. Henley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____

CR2E034 (12/95)