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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M85374**

1. Corporation Name
FIVE STAR INTERNATIONAL BROKERS, INC.

Principal Place of Business CAMMARATA, LOUIS J. 19 SOMERSET DRIVE PALM BEACH GARDENS FL 33418 US	Mailing Address 19 SOMERSET DRIVE PALM BEACH GARDENS FL 33418 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/14/1988	4. FEI Number 65-0057361	Applied For <input type="checkbox"/> Not Applicable
Suite/Apt. #, etc. 22	Suite/Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing: Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Zip 24	Country 25	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CAMMARATA, LOUIS J. 11009 STATE ROAD NORTH PALM BEACH FL 33408	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
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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	DATE
(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	1.1 TITLE
NAME CAMMARATA, LOUIS J.	1.2 NAME
STREET ADDRESS 19 SOMERSET DRIVE	1.3 STREET ADDRESS
CITY-ST-ZIP PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP
TITLE DS	2.1 TITLE
NAME CAMMARATA, MARION	2.2 NAME
STREET ADDRESS 19 SOMERSET DR.	2.3 STREET ADDRESS
CITY-ST-ZIP PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP
TITLE DS	3.1 TITLE
NAME CAMMARATA, MARION	3.2 NAME
STREET ADDRESS 19 SOMERSET DR.	3.3 STREET ADDRESS
CITY-ST-ZIP PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP
TITLE DS	4.1 TITLE
NAME CAMMARATA, MARION	4.2 NAME
STREET ADDRESS 19 SOMERSET DR.	4.3 STREET ADDRESS
CITY-ST-ZIP PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP
TITLE DS	5.1 TITLE
NAME CAMMARATA, MARION	5.2 NAME
STREET ADDRESS 19 SOMERSET DR.	5.3 STREET ADDRESS
CITY-ST-ZIP PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP
TITLE DS	6.1 TITLE
NAME CAMMARATA, MARION	6.2 NAME
STREET ADDRESS 19 SOMERSET DR.	6.3 STREET ADDRESS
CITY-ST-ZIP PALM BEACH GARDENS FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/99

561-622-1824