

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Murrain
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:13

DOCUMENT # **M97895** (0)

1. CORPORATE NAME
TRI-STAR PUBLICATIONS, INC.

(DO NOT WRITE IN THIS SPACE)

Principal Office of Corporation: **4795 W FLAGLER STR MIAMI FL 33134 US**
 Mailing Address: **4795 W FLAGLER STR MIAMI FL 33134 US**

3. Date incorporated or organized: **09/09/1988**
 3a. Date of Last Report: **03/01/1994**

2. Principal Place of Business: **4795 W FLAGLER STR MIAMI FL 33134 US**
 2a. Mailing Address: **4795 W FLAGLER STR MIAMI FL 33134 US**

4. FEI Number: **65-0102852**
 Applied For: Not Applicable:

21. State: **FL**
 22. City: **MIAMI**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. State: **FL**
 24. City: **MIAMI**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

25. State: **FL**
 26. City: **MIAMI**

7. This corporation has liability for intangible tax under Section 194.06, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**LOPEZ, FELIX
 4795 W FLAGLER STR
 MIAMI FL 33134**

10. Name and Address of New Registered Agent

81. Name:
 82. Street Address (P.O. Box Number is Not Acceptable):
 83. City:
 84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 602.09(2) and 602.09(3) 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. Said 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 provisions of Section 602.09, Florida Statutes.

SIGNATURE:

Felix Lopez

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	DP LOPEZ, FELIX 4740 S.W. 2 TERRACE MIAMI FL
12.2	ST LOPEZ, FELIX 4740 S.W. 2 TERRACE MIAMI FL
12.3	
12.4	
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13.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13.9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	<input type="checkbox"/> Change <input type="checkbox"/> Addition

EXEMPTED BY MAY 1

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 602.09(2)(b) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such number certifies that such information is true and accurate and that the return on which this report is prepared is prepared by Chapter 117, Florida Statutes, and that my name appears on Block 1, or Block 3 if it is required, of the annual report or supplemental report as addressed.

SIGNATURE: *Felix Lopez*
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

(305) 448-6666