

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Murrain
Secretary of State
1900 BANKERS BUILDING, TALLAHASSEE, FLORIDA 32304

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
4. FEI Number 65-0102852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under Section 194.06, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State: FL Apt. # of: 22 City & State: MIAMI FL	2a. Mailing Address 26. State: FL Apt. # of: 27 City & State: MIAMI FL
23. <input type="checkbox"/> Solely <input type="checkbox"/> Jointly	28. <input type="checkbox"/> Solely <input type="checkbox"/> Jointly
24. <input type="checkbox"/> Solely <input type="checkbox"/> Jointly	29. <input type="checkbox"/> Solely <input type="checkbox"/> Jointly

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 Applicable):
 83.
 84. City: **FL** 85.

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* (Typed Name of Registered Agent or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
12-1 NAME: DP LOPEZ, FELIX CORPORATE ADDRESS: 4740 S.W. 2 TERRACE MIAMI FL	12-2 NAME: ST LOPEZ, FELIX CORPORATE ADDRESS: 4740 S.W. 2 TERRACE MIAMI FL	13-1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	12-4 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-3 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-4 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	12-6 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-5 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-6 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	12-8 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-7 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-8 NAME: <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 certificate had been affixed or drawn for the same. I declare under the penalty of perjury that the report is prepared by Chapter 117, Florida Statutes, and that my name appears on Block 1, or Block 3 if it is required, of the certificate filed with this filing.

SIGNATURE: *Felix Lopez* (Typed Name of Filing Officer or Director) (305) 448-6666