

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$234.26).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000002866

1. Corporation Name

STARS OF CALLE OCHO, INC.

Principal Place of Business

6494 S.W. 24 STREET  
MIAMI FL 33155

Mailing Address

6350 SW 24TH ST  
MIAMI FL 33155  
US

FILED  
99 OCT 18 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 7360 S.W. 22 ST.	26 7360 S.W. 22 ST.	06/13/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 MIAMI, FL.	27 MIAMI, FL.	65-0850401
City & State	City & State	Applied For
23 33155 U.S.A.	28 33155 U.S.A.	Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>
24	29	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

RODRIGUEZ, GUIDO G  
6494 S.W. 24 STREET  
MIAMI FL 33155

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE

*Guido G. Rodriguez*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
D	RODRIGUEZ, GUIDO G	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6494 S.W. 24 STREET		1.3 STREET ADDRESS	
MIAMI FL 33155		1.4 CITY-ST-ZIP	
D	RODRIGUEZ, GUIDO JOSE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6494 S.W. 24 STREET		2.1 TITLE	
MIAMI FL 33155		2.2 NAME	
D	RODRIGUEZ, GUIDO ALBERTO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6494 S.W. 24 STREET		2.3 STREET ADDRESS	
MIAMI FL 33155		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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 617, 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:

*Guido G. Rodriguez*

10/10/99 305.665-1516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING REPRESENTATIVE ON FILE COPY

Daytime Phone #

0004331

CRZE037 (5/99)

KE