## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90160 046 \*\*\*150.00

T TODATOR THE COLOR TIDAL COLL. COLL. SOLICE BOTT BOTT OF THE STATE STAT

## DOCUMENT # P9200001667 1. Corporation Name

OCEAN STAR PRODUCTIONS, INC.

Principal Place	of Business	Mailing Address			(1 5616: I)ata 61(14 61(11 144) (66)
3015 NW 79 STREET C76 MIAMI FL 33147		3015 NW 79TH ST BOX 24 MIAMI FL 33147 US			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 11/03/1992	
Principal Place of Business     2a. Ma		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0366974	Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	?	City & State	<u> </u>	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Country	This corporation owes the current year life	
1	25	<u>├</u> ,	60 Country	Personal Property Tax	Yes No
24 25 29 9. Name and Address of Current Registered Agent				10. Name and Address of New Registerer	
<del></del>	3. Name and Address of Curr	ent Registered Agent	81 Name		
MIZE	ACHI, MOSHE				
3105 NW 79 STREET C76			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33147			83		
1711/31	1 E 00147		63		
			84 City	F	85 Zip Code
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 of 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. Lam familiar with, and accept the obligations of, Section 607 0505. Florida Statutes.					
SIGNATURE				DATI	
	Signature, typed or printed name of registered a	<u> </u>	electore yane signature requir	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
12.		AND DIRECTORS  DELETE	: 1 TITLE	ADDITIONATIONAL TO GITTOERA	Change Addition
TITLE	P HOOLE	Ci pereie	12 NAME		
NAME	MIZRACHI, MOSHE	070	N I		
STREET ADDRESS	3015 NW 79 STREET SUITE	C/6	1 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147	☐ DELETE	14 CITY-ST-ZIP 21 TITLE		Change Addition
TITLE	V	(_) DELETE	<i>I</i> I		Countries Countries
NAME	MIZRACHI, S.C.	0=0	2 2 NAME		
STREET ADDRESS	3015 NW 79 STREET SUITE	C/6	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147	E) 00,575	2 4 CITY+ST-ZiP		☐ Change ☐ Addition
TITLE		[] DECETE	3 ) TITLE		Change
NAME			32 VANE		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY ST ZIP		☐ Change ☐ Addition
TITLE		☐ DELE~E	4 1 TATLE		
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			44 CITY ST ZIP		
TITLE		☐ DELETE	5 : TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET AUDRESS		
CITY-ST-ZIP			5.4 CITY+S1-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			€ 2 NAME		
STREET ADDRESS		^	6 3 STREET ADDRESS		

14. I hereby certify that the information stipplied with this gling 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 of 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 received of 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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)