

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000008203 (1)

1. Corporation Name

STAR RACKS, INC.



Principal Place of Business

1779 TIGERTAIL AVE.  
COCONUT GROVE FL 33133

Mailing Address

1779 TIGERTAIL AVE.  
COCONUT GROVE FL 33133

3. Date Incorporated or Qualified  
11/30/1992

3a. Date of Last Report  
08/03/1995

2. Principal Place of Business  
21 95 SHORE DR W  
Suite, Apt. #, etc

2a. Mailing Address  
26 95 SHORE DR W  
Suite, Apt. #, etc.

4. FEI Number  
65-0372723  
Applied For  
Not Applicable

22 City & State  
MIAMI FL

27 City & State  
MIAMI, FL

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

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

23 Zip  
33133

28 Zip  
33133

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNDT, NEO  
1779 TIGERTAIL AVE  
2665 S. BAYSHORE DR.  
MIAMI FL 33133

95 SHORE DR W  
MIAMI, FL 33133

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

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

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	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNDT, NEO	1.2 NAME	BERNDT, NEO
STREET ADDRESS	1779 TIGERTAIL AVE.	1.3 STREET ADDRESS	95 SHORE DR W
CITY-ST-ZIP	COCONUT GROVE FL 33133	1.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, LYNDIA	2.2 NAME	STONE, LYNDIA
STREET ADDRESS	1779 TIGERTAIL AVE	2.3 STREET ADDRESS	95 SHORE DR W
CITY-ST-ZIP	COCONUT GROVE FL	2.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Date

Daytime Phone #

CR2E034 (12/95)