

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000009347 (5)**

1. Corporation Name
5 STAR ISLAND INC.



Principal Place of Business

**446 COLLINS AVENUE
MIAMI BEACH FL 33139
US**

Mailing Address

**446 COLLINS AVENUE
MIAMI BEACH FL 33139-6610
US**

3. Date Incorporated or Qualified
12/04/1992

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

21 One S. Pointe Dr.

Suite, Apt. #, etc.

22
City & State

23 Miami Beach FL

Zip Country

24 33139

25

2a. Mailing Address

26 One S. Pointe Dr.

Suite, Apt. #, etc.

27

City & State

28 Miami Beach FL

Zip Country

29 33139

30

4. FEI Number
59-3153652

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

**TREATT, ROBERT R.
446 COLLINS AVENUE XXXX
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

One S. Pointe Dr.

84 City

Miami Beach

FL

85 Zip Code
33139

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

TITLE **V** ☐ DELETE
NAME **HANAU, H**
STREET ADDRESS **446 COLLINS AVENUE XXXX**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **SV** ☐ DELETE
NAME **NEE, M.**
STREET ADDRESS **446 COLLINS AVENUE XXXX**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **PD** ☐ DELETE
NAME **KRAMER, THOMAS**
STREET ADDRESS **446 COLLINS AVENUE XXXX**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS **One S. Pointe Dr.**
14 CITY-ST-ZIP **Miami Beach FL 33139**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS **One S. Pointe Dr.**
24 CITY-ST-ZIP **Miami Beach FL 33139**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS **One S. Pointe Dr.**
34 CITY-ST-ZIP **Miami Beach FL 33139**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Margaret Nee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97 305-532-2519

Date

Daytime Phone

CR2E034 (9/96)