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 # **P93000002846 (2)**

1. Corporation Name

STAR ENTERPRISES AND TRAVEL CORPORATION

Principal Place of Business	Mailing Address
10691 N KENDALL DR STE 108 MIAMI FL 33176 US	10691 N KENDALL DR STE 108 MIAMI FL 33176 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: 01/11/1993
3a. Date of Last Report: 06/01/1995
4. FEI Number: 65-0377693 ☐ 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

KREY, LINA
11173 SW 88TH STREET
APT F-206
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9060 SW 125 Ave
83: Apt C105
84 City: Miami FL 85 Zip Code: 33186

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when changing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KREY, LINA		1.2 NAME		
STREET ADDRESS	~~11173 SW 88 TH F 206~~ 9060 SW 125 Ave #C105		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	OFFICER	☐ Change ☒ Addition
NAME	MORALES, LIGIA		2.2 NAME	EUGENIO ANGUEIRA	
STREET ADDRESS	~~11173 SW 88TH ST F-206~~ 9060 SW 125 Ave #C105		2.3 STREET ADDRESS	10300 NW 9th Street Circle	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33172-3226	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORALES, LIGIA		3.2 NAME		
STREET ADDRESS	~~11173 SW 88 ST F206~~ 9060 SW 125 Ave #C105		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PENA, FANNY E		4.2 NAME		
STREET ADDRESS	~~1173 SW 88 ST F-206~~ 7423 SW 152 Ave # 208		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DELGADO, L		5.2 NAME		
STREET ADDRESS	8005 SW 107TH AVE BLDG 6 APT 106		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Lina Krey — 10 Feb 1996 — (305) 279-5654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #