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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

10691 N KENDALL DR
STE 108
MIAMI FL 33176
US

Mailing Address

10691 N KENDALL DR
STE 108
MIAMI FL 33176-1551
US



3. Date Incorporated or Qualified

01/11/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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
9080 SW 125TH AVE
APT. G-105
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

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

10810 SW 88th Street

83

Suite 108

84

City Miami

FL

85 Zip Code

33176

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 ☐ DELETE

NAME PO
KREY, LINA
STREET ADDRESS ~~9080 SW 125TH AVENUE, APT. G-105~~
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VD
MORALES, LIGIA
STREET ADDRESS ~~9080 SW 125TH AVENUE, APT. G-105~~
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME TD
MORALES, LIGIA
STREET ADDRESS ~~9080 SW 125TH AVENUE, APT. G-105~~
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME SD
PENA, FANNY E
STREET ADDRESS 7423 SW 152ND AVENUE, APT. 208
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME D
EUGENIO AYOUEIRA ANGUEIRA
STREET ADDRESS 10300 NW 9TH STREET CIRCLE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 10810 SW 88th Street # Q10

1.4 CITY-ST-ZIP Miami, FL 33176

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 10810 SW 88th Street # Q10

2.4 CITY-ST-ZIP Miami, FL 33176

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 10810 SW 88th Street # Q10

3.4 CITY-ST-ZIP Miami, FL 33176

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS Eugenio Angueira

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINA KREY

Jan 31, 1997

Date

Daytime Phone #

0239280

CR2E034 (9/96)