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Feb 28 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 # P93000017268 (2)

1. Corporation Name
STELLAR ENTERPRISES, INC.



Principal Place of Business
9280 CARLYLE AVE.
SURFSIDE FL 33154

Mailing Address
9280 CARLYLE AVE.
SURFSIDE FL 33154-3030

3. Date Incorporated or Qualified 03/08/1993
3a. Date of Last Report 04/25/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 9720 PINES BLVD		65-0392966		Not Applicable	
22 City & State		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 City & State		28 PEMBROKE PINES, FL		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip		25 Country		29 33024-6228		30 Country	
24 Zip		25 Country		29 33024-6228		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

STELLA, EMILIO
9280 CARLYLE AVE.
SURFSIDE FL 33154

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	
NAME	STELLA, EMILIO	1.2 NAME	
STREET ADDRESS	9280 CARLYLE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	
NAME	STELLA, REBECCA	2.2 NAME	
STREET ADDRESS	9280 CARLYLE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL 33154	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: *Rebecca B. Stella* 1/23/97 305-864-4561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)