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Feb 21 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 # P93000045807 (3)

1. Corporation Name
STAR JARS, INC.



Principal Place of Business
235 SUNRISE AVE.
STE. 1108
PALM BEACH FL 33480
US

Mailing Address
235 SUNRISE AVE.
STE. 1108
PALM BEACH FL 33480-3812
US

3. Date Incorporated or Qualified 06/22/1993
3a. Date of Last Report 01/30/1996

2. Principal Place of Business
21 840 U.S. HIGHWAY #1
Suite, Apt. #, etc.
22 SUITE 405
City & State
23 NORTH PALM BEACH, FL
Zip
24 33408
Country
25
2a. Mailing Address
26 840 U.S. HIGHWAY #1
Suite, Apt. #, etc.
27 SUITE 405
City & State
28 NORTH PALM BEACH, FL
Zip
29 33408
Country
30

4. FEI Number 65-0422360 65-0573466
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
GRIESEMER, ROBERT J
508 OVERLOOK DRIVE
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent
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: 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 PD
NAME PALLAVICINI, GIOVANNI R
STREET ADDRESS 126 PALM AVE., STE. 2
CITY - ST - ZIP SAN FRANCISCO CA
TITLE STD
NAME GRIESEMER, ROBERT J
STREET ADDRESS 508 OVERLOOK DRIVE
CITY - ST - ZIP NORTH PALM BEACH FL 33408
TITLE VD
NAME GEMMI, PETER A
STREET ADDRESS 235 SUNRISE AVE., STE. 1108
CITY - ST - ZIP PALM BEACH FL 33480
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
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: 1-10-97 (561) 622-7664

CR2E034 (9/96)