

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2: 54

DOCUMENT # **P93000056257 (7)**

1. Corporation Name

AMERICAN STAR FINANCIAL CORPORATION

Principal Place of Business

291 WEST 28TH STREET
HIALEAH FL 33010

Mailing Address

291 WEST 28TH STREET
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/06/1993

3a. Date of Last Report

02/07/1994

4. FEI Number

65-0432020

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

29

30

9. Name and Address of Current Registered Agent

CHIRINO, JUAN
291 WEST 28TH STREET
HIALEAH FL 33010

10. Name and Address of Now 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIRINO, LUIS	1.2 NAME	
STREET ADDRESS	% 291 WEST 28TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33010	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIRINO, JUAN	2.2 NAME	
STREET ADDRESS	% 291 WEST 28TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33010	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ANA	3.2 NAME	
STREET ADDRESS	% 291 WEST 28TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33010	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, ALBERTO	4.2 NAME	
STREET ADDRESS	% 291 WEST 28TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33010	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, LUIS	5.2 NAME	
STREET ADDRESS	% 291 WEST 28TH STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33010	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. If any information in Block 12 or Block 13 is changed, or on an attachment with an address.

SIGNATURE:

Juan Chirino

Vice President

1/19/95

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

Date

Daytime Phone #