

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 14 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 # 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 33010-1513

3. Date Incorporated or Qualified  
08/06/1993

3a. Date of Last Report  
01/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0432020

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIRINO, JUAN  
291 WEST 28TH STREET  
HIALEAH FL 33010

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: \_\_\_\_\_ DATE: 2-11-97 DAYTIME PHONE: 305-8874466

CR2E034 (9/96)