

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

**FILED**  
**May 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



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 Mailing Address  
**291 WEST 28TH STREET HIALEAH FL 33010**      **291 WEST 28TH STREET HIALEAH FL 33010**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	291 W 28TH ST	26	291 W 28TH ST	08/06/1993	
22	—	27	—	4. FEI Number	
23	Hialeah FL 33010	28	Hialeah FL 33010	65-0432020	
24	FL	29	FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25	Da de	30	Da de	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
		85 Zip Code	

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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]* DATE: 04-20-98

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 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 of 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]* 04-20-98 (305) 887-4446

CR2E034 (10/97)