FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000086995 (6)**

1. Corporation Name
STARSHOT, INC.

Principal Place of Business	Mailing Address
1910 NW 96TH AVE MIAMI FL 33172	1910 NW 96TH AVE MIAMI FL 33172

3. Date Incorporated or Qualified: **12/21/1993**
3a. Date of Last Report: **05/22/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

4. FEI Number: **65-0455160** ☐ 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

9. Name and Address of Current Registered Agent

MORELLI, ALEXANDER L
841 S.W. 178TH WAY
PEMBROKE PINES FL 33029

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 Section 607.0502 and 617.1502, 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 _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORELLI, ALEXANDER L 841 S.W. 178TH WAY PEMBROKE PINES FL	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FEIJOO, LUIS 848 RAYMOND ST MIAMI BEACH FL 33141	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE 6 NAME 7 STREET ADDRESS 8 CITY-ST-ZIP		☐ Change ☐ Addition
9 TITLE 10 NAME 11 STREET ADDRESS 12 CITY-ST-ZIP		☐ Change ☐ Addition
13 TITLE 14 NAME 15 STREET ADDRESS 16 CITY-ST-ZIP		☐ Change ☐ Addition
17 TITLE 18 NAME 19 STREET ADDRESS 20 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is correct, and that I am filing this report for the purpose stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added, above.

SIGNATURE: A. Morelli ALEXANDER L. MORELLI 04/25/96 (954)437-5475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)