
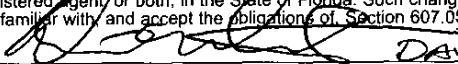


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 01, 1999 8:00 am
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03-01-1999 90198 035 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000014946			
1. Corporation Name ROLLER STAR CORPORATION			
Principal Place of Business 6351 NW 28TH WAY SUITE C FT LAUDERDALE FL 33309 US		Mailing Address 6351 NW 28TH WAY SUITE C FT LAUDERDALE FL 33309 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent CECCOFILIO, DAVID 5464 NE 3 TERRACE FT LAUDERDALE FL 33334 FT LAUD FL 33308		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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  DAVID CECCOFILIO GENERAL MGR. 2-2-99 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 P <input type="checkbox"/> DELETE NAME OTI RUIZ, JAMIE STREET ADDRESS CALLE MANISES, 1 CITY-ST-ZIP 76970 ALACUAS VALENCIA SPAIN TITLE ST <input type="checkbox"/> DELETE NAME OTI RUIZ, FRANCISCO STREET ADDRESS AV GENOVES, 24-9 CITY-ST-ZIP 76970 ALACUAS VALENCIA SPAIN TITLE D <input checked="" type="checkbox"/> DELETE NAME OTI RUIZ, FRANCISCO RAMON STREET ADDRESS CALLE MANISES, 3 CITY-ST-ZIP 76970 ALACUAS VALENCIA SPAIN TITLE D <input checked="" type="checkbox"/> DELETE NAME MORAGUES, BERNARDO STREET ADDRESS CALLE MANISES, 5 CITY-ST-ZIP 76970 ALACUAS VALENCIA SPAIN TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE SECRETARY / TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE GENERAL MANAGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME CECCOFILIO, DAVID 5.3 STREET ADDRESS 2200 N.E. 62 CT. 5.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33308 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-99 954-9724772

CR2E034 (11/98)