

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 16 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056254 (3)**

1. Corporation Name  
**STAR INTERNATIONAL COURIERS, INC.**

Principal Place of Business Mailing Address  
**8534 NW 66TH ST MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **07/29/1994** 3a. Date of Last Report

4. FEI Number **65-0508166** 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 2a. Mailing Address  
21 **8440 N.W. 66 ST.** 26 **8440 N.W. 66 ST.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 **MIAMI, FL.** 28 **MIAMI, FL.**  
City & State City & State  
24 **33166** 25 **USA** 29 **33166** 30 **USA**  
Zip Country Zip Country

9. Name and Address of Current Registered Agent

**DE FARIA, CARLOS A**  
**8440-8428 NW 66TH STREET**  
**MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name **Oduvaldo Mantovanelli**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8440 N.W. 66 STREET**  
83  
84 City **MIAMI** FL 85 Zip Code **33166**

11. Pursuant to the provisions of Sections 607.0502 thru 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 prescribed in 607.0505, Florida Statutes.

SIGNATURE  **Oduvaldo Mantovanelli** DATE **02.07.95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>MANTOVANELLI, ODUVALDO</b>
STREET ADDRESS	<b>8534 NW 68TH ST</b>
CITY- ST- ZIP	<b>MIAMI FL 33168</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Oduvaldo Mantovanelli</b>
1.3 STREET ADDRESS	<b>8440 N.W. 66 ST.</b>
1.4 CITY- ST- ZIP	<b>MIAMI, FL. 33166</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>S RUBENS RABELLO</b>
2.3 STREET ADDRESS	<b>410 POINCIANA ISLAND DRIVE</b>
2.4 CITY- ST- ZIP	<b>MIAMI BEACH, FL. 33160</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
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 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)(k), 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 from an attachment with an address.

SIGNATURE:  **Oduvaldo Mantovanelli** DATE **02.07.95** 305-597-9666  
Signature and typed or printed name of signing officer or director. (Date) (Phone Number)