

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0400

APPROVED
AND
FILED

95 MAY -1 AM 3:07

DOCUMENT # P94000061331 (2)

To: Corporation Name

PROSTAR ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2100 HOLLYWOOD BOULEVARD
2ND FLOOR
HOLLYWOOD FL 33020

Mailing Address

2100 HOLLYWOOD BOULEVARD
2ND FLOOR
HOLLYWOOD FL 33020

(For Filing Only - Do Not Stamp)

3. Date incorporated (or when) 3a. Date of last Report

08/19/1994

4. FEI Number

65-0516060

Appoint Fee

Not Applicable

5. Certificate of Status (Required) ☐

\$8.75 Additional
Fee Required

6. Director Campaign Financing
Fund Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. Does corporation have liability for information disclosed by officers?
Florida Statute ☐ Yes ☐ No

2. Principal Place of Business

21
Name Address

22
City & State

23
Zip

24
County

25
Filing Office

2a. Mailing Address

26
Name Address

27
City & State

28
Zip

29
County

30
Filing Office

9. Name and Address of Current Registered Agent

CASTOTO, MICHAEL W ESQ.
LAW OFFICES OF FRANCIS X. CASTORO, P.A.
2100 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81
Name

82
Typed Address (If a New Agent is Not Applicable)

83
City

84
State

FL

85
Zip

86
County

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law, and that the same has been filed with the Secretary of State, and that the same is a true and correct copy of the annual report of the corporation as required by law.

Signature

12. Name and Address of Agent for Service of Process

D
CASTORO, FRANK
919 N.E. 26TH AVENUE
HALLANDALE FL 33009

Name

Address

City

State

Zip

Name

Address

City

State

Zip

Name

Address

City

State

Zip

Name

Address

City

State

Zip

Name

Address

City

State

Zip

13. Name and Address of Agent for Service of Process

Name

Address

City

State

Zip

Name

Address

City

State

Zip

Name

Address

City

State

Zip

Name

Address

City

State

Zip

Name

Address

City

State

Zip

Name

Address

City

State

Zip

14. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law, and that the same has been filed with the Secretary of State, and that the same is a true and correct copy of the annual report of the corporation as required by law.

SIGNATURE:

Frank Castoro

FRANK CASTORO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (305) 922-0220