

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

FILED  
Jan 15 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 # P94000062025 (9)

1. Corporation Name

TRI-STAR MORTGAGE & INVESTMENT, INC.



Principal Place of Business

9700 SOUTH DIXIE HWY  
840  
MIAMI FL 33156  
US

Mailing Address

9700 S DIXIE HWY  
840  
MIAMI FL 33156  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 9700 South Dixie Hwy.

22 Suite, Apt. #, etc.

22 670

23 City & State

23 Miami FL

24 Zip

24 33156

Country

25 US

2a. Mailing Address

26 9700 South Dixie Hwy.

27 Suite, Apt. #, etc.

27 670

28 City & State

28 Miami FL

29 Zip

29 33156

Country

30 US

3. Date Incorporated or Qualified

08/23/1994

4. FEI Number

65-0513739

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ESTEVEZ, OSCAR  
9700 S DIXIE HWY  
SUITE 840  
MIAMI FL 33156

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 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

Signature, typed or printed name of registered agent or officer (Type name)

(Name of Registered Agent or Officer, typed or printed name)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
ESTEVEZ, OSCAR  
6212 S.W. 148TH CT.  
MIAMI FL 33193

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE:

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

CR2E034 (10/97)