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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

1	19	9	6	

DOCUM 1. Corporation f	IENT # P940	00071092 (8)		
NORTH	STAR CORPORATION				
Principal Place o	f Business	Mailing Address			. ODS:(C. E.D.); DOOD! (OD!) OD!) OD!
STE. 203 STE. 20		7891 W. FLAGER S STE, 203 MIAMI FL 33144	т.		
US		U\$		3. Date Incorporated or Qualified 09/27/1994	3a. Date of Last Report 04/25/1995
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		65-0536284	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Z ₍₁₎	Country	Trust Fund Contribution	Added to Fees
24	25	29	30 Soundy	This corporation has liability for i Fiorida Statutes	
	9. Name and Address of Curr	ent Registered Agent	T	10. Name and Address of New R	7~
			81 Name	//	
	FUILLERMO		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
7891 W. I SUITE 20	FLAGLER ST.		83		
MIAMI FL					
***************************************	00111		84 City		FL 85 Zip Code
	the provisions of Sections 607.05 agent, or both, in the State of Fic and accept the obligations of Se			ation submits this statement for the puri d of directors. Thereby accept the appo	
SIGNATURE			es.		
12.	After Ignative position in a constructional value of the Ignation position in a construction of the Ignation of Ignation of the Ignation of the Ignation of Ignation o	ND DIRECTORS	NOTE Expelled Agest agent on region		DAIL
TITLE	D	DELETE	1 1 11/16	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change
NAME	WONG, GUILLERMO		1.2 NAME		
STREET ADDRESS	7891 W. FLAGLER ST., SU	ITE 203	1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		1.4 CrTY - ST - ZiP		
TITLE		☐ DELETE	2 1 THTUE		☐ Change ☐ Addition
NAME STREET ADDRESS			2.2 NAME		
CITY - ST - ZIP			2.3 STREET ADDRESS 2.4 City - St - Zip		
TITLE		DELETE	3 1 THILE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STHEET ADDRESS		
CITY-S1-ZIP			3.4 CHTY - ST - ZIP		
TITLE		DELETE	4 'TITLE		Change 🔲 Addition
NAME STREET ADDRESS			4 2 NAME		
CITY-ST-ZP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 C(TY+ST+Z)P 5.4 T(TLE		Change Addition
NAME			5.2 NAME		[] Anongo [] Addid()
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 C(TY - S1 - 2(F		
TITLE		☐ DELETE	6 1 TiTiE		Change Addition
NAME Street Apopeas			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I do hereby o	ertify that the information supplies	i with this fling is voluntarily fu	64 CHY-ST-ZIP roished and does not qualify fo	r the exemption stated in Section 119.0	7(3)(k), Florida Statutes I further

certify that the information indicated on this agricult 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 0 the or poration or the receiver or trusted or powered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of langest, or on an attachment sym an address.

SIGNATURE: __

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

\$39-7392 Daytone Physic #