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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000076513**1. Corporation Name

STARBRITE SYSTEMS, INC.

								-{	() <b>68</b> ()) 883() }8			18 HH 1681	
Principal Place of Business Mailing Address													
1036 NW 128TH AVE 1036 NW 128TH AVE													
MIAMI FL 33182		MIAMI FL 33182						DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualifed 10/18/1994		<u> </u>	_		
2. Principal Place of Business			2a. Mailing Address					1 " LL			Appli	ed For	
21		26						65-0527075		[_	<u></u>	pplicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Additional Fee Required				
City & State			City & State				8. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be. Added to Fees						
Zip	Country		Zip		Country	, —		8. This corporation owes the curre	ent year Inta	ngible			
24	25	29	•	30	•			Personal Property Tax.	•	Yes	_ ⊑	No	
	9. Name and Address of Current		red Agent	11.	$\Box$			10. Name and Address of New R	legistered /	gent			
					81	Nam	e						
Saavedra, Fernando Sr 1036 NW 128TH AVE			·			Stree	et Addre	ss (P.O. Box Number is Not Acceptable)					
MIAN	/II FL 33182				83	-							
					84	City				85	Zip Co		
	to the provisions of Sections 607.0502					′			FL	1 }			
SIGNATURE	m familiar with, and accept the obligat	t and title if a	oppicable (NOTE				ne required	when reinstating)	DATE	·			
12.	OFFICERS AN	D DIREC			13			ADDITIONS/CHANGES TO OF	FICERS AN				
TITLE	DP		☐ DELETE	- 4	1.1 TITLE		- }	•	<b>.</b>	Cha	nge	Addition	
NAME	SAAVEDRA, FERNANDO SR			ı	1.2 NAME								
STREET ADDRESS	1				1.3 STREE		SS						
CITY-ST-ZIP	MIAMI FL 33182	·	☐ DELETE	_	1.4 CITY-S 2.1 TIJLE	ST-ZIP	-+			[] Cha	nge	Addition	
TITLE	DS CAAVEDDA FEDNANDO E ID		LJ DELETE		2.1 IIILE 2.2 NAME							<b>-</b>	
NAME	Saavedra, Fernando e Jr   1036 NW 128TH AVE			- 1	2.2 NAME 2.3 SYREE	T ADDDE							
STREET ADDRESS	MIAMI FL 33182				2. 4 CITY-1		331						
CITY-ST-ZIP	MACHINE GOTOL		DELETE	_	3.1 TITLE	31-21	+			☐ Cha	nge	Addition	
NAME				ı,	3.2 NAME								
STREET ADDRESS				- L	3.3 STREE	T ADDRE	ss						
CITY-ST-ZIP					3.4. CITY-	ST-ZIP							
TITLE			DELETE	1	41 TITLE					Cha	inge	Addition	
NAME				•	4. 2 NAME						•		
STREET ADDRESS					4.3 STREE		SS						
CITY-ST-ZIP			DELETE	_	4.4 CITY-5 5.1 TITLE	ST-ZIP				Cha	nge	Addition	
TITLE			C Nergie	- 1	5.1 TITLE 5.2 NAME			•		۰۰۰۰ ت	-0-		
NAME expect appress				ł	5.3 STREE	T ADDRE	ss						
STREET ADDRESS CITY-ST-ZIP					5.4 CITY-5								
TITLE			☐ DELETE		6.1 TITLE		_	<del></del> <del>-</del>		Cha	inge	Addition	
NAME				]	6.2 NAME								
	1			- 1	63 STREE	TADDRE	ss						

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 angual 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 porporation or the receive or unstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

CITY-ST-ZIP

ith all other like empowered.

**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90037 010 \*\*\*150.00