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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P94000079087 (0)**

1. Corporation Name
**SHINING STAR INT. TRADE, INC.**

Principal Place of Business
**3965 N FEDERAL HWY**
**POMPANO BEACH FL 33064**

Mailing Address
**3965 N FEDERAL HWY**
**POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified: **10/26/1994**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0540916** — 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
21 800 NW 44th AVE
Suite, Apt. #, etc.
22
City & State
23 COCONUT CREEK - FL
Zip 24 33066 Country 25 US

2a. Mailing Address
26 800 NW 44th AVE
Suite, Apt. #, etc.
27
City & State
28 COCONUT CREEK FL
Zip 29 33066 Country 30 US

9. Name and Address of Current Registered Agent
**PESSOA, EVANILDA P**
**3965 N FEDERAL HWY**
**POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent
81 Name PESSOA, MANOEL D
82 Street Address (P.O. Box Number is Not Acceptable) 800 NW 44th AVE
83
84 City COCONUT CREEK FL 85 Zip Code 33066

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, Florida Statutes, the [illegible] 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 X Date

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | P | ☐ DELETE |
| NAME | PESSOA, EVANILDA P | |
| STREET ADDRESS | 800 NW 44TH AVE | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | V | ☐ DELETE |
| NAME | PESSOA, MANUEL D | |
| STREET ADDRESS | 800 NW 44TH AVE | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | | ☐ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | V | ☐ Change ☐ Addition |
| 2.2 NAME | PESSOA, MANOEL D | |
| 2.3 STREET ADDRESS | 800 NW 44TH AVE | |
| 2.4 CITY-ST-ZIP | COCONUT CREEK FL33066 | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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*4200.00

J2 3.26

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 hereinabove or on an attachment with an address.

**SIGNATURE:** MANOEL DUCA PESSOA 1/20/96 (954)4774658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)