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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

800 NW 44TH AVE
COCONUT CREEK FL 33066

Mailing Address

800 NW 44TH AVE
COCONUT CREEK FL 33066-1502



3. Date Incorporated or Qualified

10/26/1994

3a. Date of Last Report

03/26/1996

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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PESSOA, EVANILDA P
800 NW 44TH AVE
COCONUT CREEK FL 33066

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 City

COCONUT CREEK

84 State

FL

85 Zip Code

33066

11. Pursuant to the provisions of Sections 607.052 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, to 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME PESSOA, EVANILDA P
STREET ADDRESS 800 NW 44TH AVE
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE V ☒ DELETE
NAME PESSOA, MANOEL D
STREET ADDRESS 800 NW 44TH AVE
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 MANOEL D. PESSOA
2.3 STREET ADDRESS 800 NW 44TH AVE
2.4 CITY-ST-ZIP COCONUT CREEK FL 33066

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

14. I do 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 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, checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANOEL D. PESSOA

3/3/97

984.9774658

CR2E034 (9/96)