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 # P9400079087

1. Corporation Name

SHINING STAR INT. TRADE, INC.

Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90156 002 ***150.00



				•			
Principal Place	e of Business	Mailing Address			I 16817801 JIO 18112 BIRTH BETHE BRITE	18868 JASH ABIAL	(8)() (8)()
800 NW 44TH AVE COCONUT CREEK FL 33066 COCONUT CREEK FL 33066					DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualifed		
			_		10/26/1994		
Principal Place of Business 2a. Mailing Address					4. FEI Number	 	plied For
21 26					65-0540916	\$8.75 A	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certifcate of Status Desired	Fee Re	
City & State		City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	/	8. This corporation owes the current year In		_/
25 29 30				Personal Property Tax. Yes 🛂 No			
	9. Name and Address of Curren	t Registered Agent	81	T NI	10. Name and Address of New Registered	Agent	
PESSOA MANOEL D				Name			
800 NW 44TH AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
COCONUT CREEK FL 33066			83				
			84	City	FI	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						<u> </u>	
	Signature, typed or printed name of registered age	,, , ,		nt signature required		ND DIDECTO	DC IN 12
12. TITLE	P OFFICERS AN		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	PESSOA, EVANILDA P	1.2 N				_ •	_
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	A A A A A A A A A A A A A A A A A A A		1.4 CITY-5				
TITLE			2.1 TITLE			Change	☐ Addition
NAME	MANOEL D PESSOA 222 N		2.2 NAME	İ			
STREET ADDRESS	800 NW 44TH AVE	į	2.3 STREE	TADDRESS		-	.
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE	1		3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS		•	
CITY-ST-ZIP TITLE			3.4. CITY- 4.1 TITLE	51-ZIP	-	☐ Change	Addition
NAME		_	4. 2 NAME			<u>.</u>	_ {
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	1			
TITLE			5.1 TITLE		<u> </u>	Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS		i	5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE			6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied indicated on this annual report or supplement officer or director of the corporation or the Block 12 or Block 13 if changed, or on an artist. filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information by report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an flustee empowered to execute this report as regoined by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: