


FILED
May 20 1998 8:00am
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1998</div> <div></div>		<div>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</div>		<div>May 20 1998 8:00 Secretary of State</div>	
<div>DOCUMENT # 894000084293 1. Corporation Name STAR INTERNATIONAL PURCHASING AGENCY INC.</div>					
<div>Principal Place of Business 444 BRICKELL AVENUE, SUITE 51-125, MIAMI, FL. 33131</div>			<div>Mailing Address 444 BRICKELL AVENUE, SUITE 51-125, MIAMI, FL. 33131</div>		
<div>2. Principal Place of Business 21 444 BRICKELL AVE. Suite, Apt. #, etc. 22 SUITE # 51-125 City & State 23 MIAMI, FL. Zip 24 33131</div>			<div>2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 U.S.A.</div>		
<div>9. Name and Address of Current Registered Agent MR. HECTOR JIMENEZ, 444 BRICKELL AVENUE, SUITE 51-125, MIAMI, FL. 33131</div>			<div>10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code</div>		
<div>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: [Signature] = Hector Jimenez 4/10/98 [Signature] = Hector Jimenez 4/10/98</div>					
<div>12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP MR. HECTOR JIMENEZ., PRES. 444 Brickell Ave Ste. 51-125 Miami, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP MR. HECTOR B. JIMENEZ JR. VICE-PRES. 444 Brickell Ave. Ste. 51-125 Miami, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP</div>			<div>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</div>		
<div>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 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 registered agent 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 if changed, or on an attachment with an address. SIGNATURE: [Signature] = Hector Jimenez 4-10-98</div>					