

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 # **P95000007019**  
1. Corporation Name  
**TELSTAR INTERNATIONAL INC**

Principal Place of Business

Mailing Address

2. Principal Place of Business  
21 **767 So St Rd 7**  
Suite, Apt. #, etc.  
22 **Suite 13**  
City & State  
23 **MARGATE FL**  
Zip  
24 **33068** Country  
25 **USA**  
2a. Mailing Address  
26 **767 So St Rd 7**  
Suite, Apt. #, etc.  
27 **Suite 13**  
City & State  
28 **MARGATE FL**  
Zip  
29 **33068** Country  
30

3. Date Incorporated or Qualified  
**1-26-95**  
3a. Date of Last Report  
**65-0552990**  
4. FEE Number  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
**ADELE PACE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**767 So St Rd 7 Suite 13**  
83  
84 City  
**MARGATE** FL 85 Zip Code  
**33068**

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

**ADELE PACE**  
Signature, typed, printed name of registered agent and the filer (if filer is not the registered agent)

(NOTE: Registered Agent Signature is not required here.)

**3-27-96**  
DATE

12. OFFICERS AND DIRECTORS

|                |                                |                                            |
|----------------|--------------------------------|--------------------------------------------|
| TITLE          | <b>D/CEO</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>R. A. PACE</b>              |                                            |
| STREET ADDRESS | <b>3682 NW 52 ST</b>           |                                            |
| CITY-STATE-ZIP | <b>FT. LAUDERDALE FL 33308</b> |                                            |
| TITLE          | <b>D/P</b>                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>EDWARD WONG</b>             |                                            |
| STREET ADDRESS | <b>1330 SILVERADO</b>          |                                            |
| CITY-STATE-ZIP | <b>N. LAUDERDALE FL 33068</b>  |                                            |
| TITLE          |                                | <input type="checkbox"/> DELETE            |
| NAME           |                                |                                            |
| STREET ADDRESS |                                |                                            |
| CITY-STATE-ZIP |                                |                                            |
| TITLE          |                                | <input type="checkbox"/> DELETE            |
| NAME           |                                |                                            |
| STREET ADDRESS |                                |                                            |
| CITY-STATE-ZIP |                                |                                            |
| TITLE          |                                | <input type="checkbox"/> DELETE            |
| NAME           |                                |                                            |
| STREET ADDRESS |                                |                                            |
| CITY-STATE-ZIP |                                |                                            |
| TITLE          |                                | <input type="checkbox"/> DELETE            |
| NAME           |                                |                                            |
| STREET ADDRESS |                                |                                            |
| CITY-STATE-ZIP |                                |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                             |                                                                              |
|--------------------|-----------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <b>ADELE PACE</b>           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>1931 LYONS RD #314</b>   |                                                                              |
| 1.3 STREET ADDRESS | <b>BOCA RATON BEACH, FL</b> |                                                                              |
| 1.4 CITY-STATE-ZIP | <b>33063</b>                |                                                                              |
| 2.1 TITLE          | <b>P/S</b>                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                             |                                                                              |
| 2.3 STREET ADDRESS |                             |                                                                              |
| 2.4 CITY-STATE-ZIP |                             |                                                                              |
| 3.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                             |                                                                              |
| 3.3 STREET ADDRESS |                             |                                                                              |
| 3.4 CITY-STATE-ZIP |                             |                                                                              |
| 4.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                             |                                                                              |
| 4.3 STREET ADDRESS |                             |                                                                              |
| 4.4 CITY-STATE-ZIP |                             |                                                                              |
| 5.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                             |                                                                              |
| 5.3 STREET ADDRESS |                             |                                                                              |
| 5.4 CITY-STATE-ZIP |                             |                                                                              |
| 6.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                             |                                                                              |
| 6.3 STREET ADDRESS |                             |                                                                              |
| 6.4 CITY-STATE-ZIP |                             |                                                                              |

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-27-96**  
DATE

DATE OF FILING

CR2E034 (12/95)

DM  
4-4-96