

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000029295 (9)

1. Corporation Name

NORTH STAR INTERNATIONAL INC.



Principal Place of Business

Mailing Address

176 E. 16TH STREET
HIALEAH FL 33010

176 E. 16TH STREET
HIALEAH FL 33010

3. Date Incorporated or Qualified
04/13/1995

3a. Date of Last Report
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1640 W. 41 ST

26 1640 W. 41 ST.

4. FEI Number
65-0579639

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

City & State

City & State

23 Hialeah, Florida

28 Hialeah, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33012

25 U.S.A

29 33012

30 U.S.A

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

DENIS, JUAN
176 E. 16TH STREET
HIALEAH FL 33010

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DENIS, JUAN
STREET ADDRESS 176 E. 16TH STREET
CITY-ST-ZIP HIALEAH FL 33010

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME MEDINA, JULIO A
STREET ADDRESS 176 E. 16TH STREET
CITY-ST-ZIP HIALEAH FL 33010

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME MEDINA, JOSE R
STREET ADDRESS 225 MINOLA DR.
CITY-ST-ZIP M SPRING FL 33166

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME MERCADO, HECTOR M
STREET ADDRESS 528 E. 15TH ST.
CITY-ST-ZIP HIALEAH FL 33010

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME PEREZ, ERNESTO O
STREET ADDRESS 528 E. 15TH ST.
CITY-ST-ZIP HIALEAH FL 33010

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME GARCIA, RODOLFO
STREET ADDRESS 3761 E. 8TH AVE.
CITY-ST-ZIP HIALEAH FL 33010

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 617, 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

6-10-96 (305) 887-6131

Date

Daytime Phone

CR2E034 (3/96)