

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000040906 (6)

1. Corporation Name

STAR TRADING GROUP INCORPORATED



Principal Place of Business

6907 N.W. 82ND AVE.
MIAMI FL 33166

Mailing Address

6907 N.W. 82ND AVE.
MIAMI FL 33166

2. Principal Place of Business

2a. Mailing Address

21 MIAMI 1602 ALTON RD

26 1602 ALTON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 555

27 555

City & State

City & State

23 MIAMI BEACH, FL

28 MIAMI BEACH FL

Zip

Zip

Country

Country

24 33139

25 USA

29 33139

30 USA

9. Name and Address of Current Registered Agent

OSORIO, STEVEN A
6907 N.W. 82ND AVE.
MIAMI FL 33166

3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

4. FEI Number

65-0589225

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

10. Name and Address of New Registered Agent

81 Name

STEVEN A. OSORIO

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

1602 ALTON RD SUITE 555

83

84 City

MIAMI BEACH

FL

85 Zip Code

33139

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 provisions of, Section 607.0905, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature is required when re-registered)

03/04/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME OSORIO, STEVEN A
STREET ADDRESS 1200 WEST AVE., APT. 1028
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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

03/04/96

305 531 2408
Daytime Phone #

CR2E034 (12/95)