FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000060856 (8)

STARLIGHT INTERNATIONAL INC.

Principal Place of Business	Mailing Address	
905 SOMESTA AVE. 0201 Palm Bay Fl 32905	P.O. BOX 61237 PALM BAY FL 32906	

FILED Apr 14 1998 8:00am Secretary of State



0201 PALM BAY F		PALM BAY FL 92906				DO NOT WRITE IN THIS SPACE
FALM DATE	L 32803					3. Date Incorporated or Qualified
						08/07/1995
2. Principal P	lece of Business	2s. Mailing Address				4. FEI Number Applied For
21		26				59-3330532 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			.,,,	Certificate of Status Desired Sa.75 Additional Fee Required
City & Stat	ė	City & State				B. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	g. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
EL	Mahi, Elmahi a		1	B1	Name	
	5 SONESTA AVE.		<u>}</u>	B2	Street Ac	dress (P.O. Box Number is Not Acceptable)
02	01					
PA	LM BAY FL 32905		ľ	B3		<u> </u>
			1	B4	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	les, the ab	ove	-named co	orporation submits this statement for the purpose of changing its registered
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0506, Flo	authorized orida Statu	by tes.	the corpor	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age-	of and title if applicable (NO)	Ł Registered	Agen	nt signature rec	quired when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITL	.E		Change Addition
NAME	Elmahi, Elmahi a		1.2 NAM	ИĚ	1	
STREET ADDRESS	905 SONESTA AVE.		1.3 STR	EET A	ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905		1.4 CIT	r-st	- ZIP	
TITLE	VP	☐ DELETE	2.1 TITL	.E		Change Addition
NAME	elseeid, wafaa s		22 NAM	A E		
STREET ADDRESS	905 SONESTA AVE.		2.3 STR	EET A	ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32905		2. 4 CITY - S		r-21P	
TITLE	T	☐ DÉLETE	3.1 TITE	3.1 TITLE		Change Addition
NAME	Elmahi, Elmahi a		3.2 NAM	Æ		
STREET ADDRESS	905 SONESTA AVE.		3.3 STR	EET A	ODRESS .	
CITY-ST-ZIP	PALM BAY FL 32905		3 4. C(T	Y-ST	r-21P	
TITLE		DELETE	4.1 7(1)	.E		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS	î •		4,3 \$TR	EET A	ADDRESS	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CIT	Y-ST	- ZIP	
TITLE		☐ DELETE	5 1 TITL	.E	ļ	Change Addition
NAME			5.2 NAA	ΑE		
STREET ADDRESS			5.3 STR	EET A	ADDRESS	
CITY-ST-ZIP			5.4 CIT	r-st	- ZIP	
TITLE		☐ DELETE	6.1 TITL	E		Change Addition
NAME			6.2 NAM	ΛE		
STREET ADDRESS			6.3 STR	EET A	NDORESS	
CITY-ST-ZIP			6.4 CIT			
14. I hereby o	certify that the information supplied wi	thebys filing does not qualify for	or the exer	npti	on stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information

officer or director of the corporation or ignormalization and accurate and man my signature shall have the same legal effect as it made under oath; that I am a officer or director of the corporation or I/I or receive in 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 only a flactment with an address. SIGNATURE: