

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 # P95000062154 (6)

1. Corporation Name

STARLINK TELECOMMUNICATIONS TECHNOLOGIES, INC.



Principal Place of Business

9501 N.W. 18TH STREET
PLANTATION FL 33322

Mailing Address

9501 N.W. 18TH STREET
PLANTATION FL 33322

2. Principal Place of Business

2a. Mailing Address

21 3474 N. UNIVERSITY DR

26 3474 N. UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 523

27 SUITE 523

City & State

City & State

23 SUNRISE FL

28 SUNRISE, FL

Zip

Country

Zip

Country

24 33351

25 USA

29 33351

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/10/1995

3a. Date of Last Report

4. FET Number

65.0600971

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

DUNN, KENNETH J ESQUIRE
THE LAW PRACTICE OF J.B. GROSSMAN, P.A.
2300 E. LAS OLAS BLVD., 4TH FLOOR
FT. LAUDERDALE FL 33301

81. Name

JIAN GOLESTANI

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

3474 N. UNIVERSITY DRIVE

83.

SUITE 516

84. City

SUNRISE, FL

85. Zip Code

33351

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

Jian Golestani

Signature typed or printed name of registered agent and date of appointment.

DATE: Registered Agent signature required when terminating.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D KOENIGSBERG, ALBERT
STREET ADDRESS 9501 N.W. 19TH STREET
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ DELETE

NAME D GOLESTANI, JIAN
STREET ADDRESS 2501 ROCK ISLAND ROAD, #206
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D GOLESTANI, JIAN
2.3 STREET ADDRESS 3474 N. UNIVERSITY DRIVE, SUITE 516
2.4 CITY-ST-ZIP SUNRISE, FL. 33351

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:

Jian Golestani

JIAN GOLESTANI

4/17/96

954-425-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone

CR2E034 (12/95)