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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000066590

1. Corporation Name

STAR OF FLORIDA GROUP, INC.

Principal Place	of Business	Mailing Address	Mailing Address				1 1001-20 110 10101 01111 02111 02111 02111 02111 02111 0111 02111 0111 0111 0111 0111				
13733 NW 7TH		13733 NW 7TH AVE	13733 NW 7TH AVE								
N MIAMI FL 33168		N MIAMI FL 33168				DO NOT WRITE IN THIS SPACE					
US		us	US			3. Date Incorporated or Qualifed			-		
						08/29/1995				,	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Appl	ied For	
21		26				65-0603698		Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	□	•	75 Ad e Requ	ditional	
22		27				·					
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution		•	uu M ded to	lay Be Fees	
23 Zip	Country	Zip	Count			8. This corporation owes the curre	ent vear Inta		200 10	1 000	
—	25		10	٠,		Personal Property Tax.	one your ma	© es		□No	
24	9. Name and Address of Cur		, ,,,	-		10. Name and Address of New R	egistered /	Agent	-		
* ***			8	и	Name						
	ani, amirali		8	12	Stroot Addr	ess (P.O. Box Number is Not Accepta	blet				
	N.E. 125TH STREET		10	-	Ou eet Muult	set Address (P.O. DOX Nutriber is Not Acceptable)					
MAIM	VII FL 33161		8	13							
			8	14	City			85	Zip Co	de	
					•		<u>FL</u>		•		
office or re	eaistered agent, or both, in the St	ate of Florida. Such change was aut oligations of, Section 607.0505, Florid	horized b	y ir	he corporatio	oration submits this statement for the on's board of directors. I hereby accep	t the appoin	itment a	ıs regi:	stered	
SIGNATURE	Signature, typed or printed name of registered	avent and title if applicable (NOTE: F	Registered Ac	oent :	signature requires	d when reinstating)	DATE				
12.		S AND DIRECTORS	13.	90.11		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRE	CTOR	S IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	Ξ				☐ Cha	nge	☐ Addition	
NAME	KABANI, AMIRALAI		1.2 NAME	E							
STREET ADDRESS	412 N.E. 125TH ST		1.3 STRE	ETA	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33162		1.4 CITY	-\$T-	-ZIP						
TITLE		☐ DELETE	2.1 TITLE					☐ Cha	nge	☐ Addition	
NAME			2.2 NAM	Ε							
STREET ADDRESS			2.3 STRE	EET A	ADDRESS						
CITY-ST-ZIP			2. 4 CITY		-ZIP					/ A statistics	
TITLE		☐ DELETE	3.1 TITLE					☐ Cha	nge	Addition	
NAME			3.2 NAMI								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		Florier	3.4. CITY		-ZIP			Cha		Addition	
TITLE		☐ DELETE	4.1 TITLE						iige	Madition	
NAME			4. 2 NAM			·					
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		☐ DELETE	4 4 CITY		-ZIP			[] Cha	inde	Addition	
TITLE		□ DETE IE	5.1 TITLE 5.2 NAM					⊔она	uige		
NAME					ADDRESS						
STREET ADORESS			5.4 CITY		i					_	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		· Z.IF .			☐ Cha	nae	☐ Addition	
TITLE		El Detere	6.2 NAM					5,10			
NAME			1		ADDRESS						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP