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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. M*å*rtham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000070829 (3)

SIX STAR USA, INC.

incipal Place of	Business	N	Λi

## **FILED** Mar 02 1998 8:00am Secretary of State



Frinci	par riace or busine	55	Mailing	Address						
	North Temple av IKE fl 32091	ENUE		NORTH TEMPLE AV (E FL 32091	/ENUE					
								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
L	1 (5)							09/13/1995		
<del></del>	ncipal Place of Bus	iness	Fig.	ling Address				4. FEI Number Applied For		
21	14. A-4 44 -4-	<del></del>	26					<b>59-3334629</b> Not Applicable		
22	ite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional Fee Required			
_	y & State		City	& State				8. Election Campaign Financing \$5.00 May Be		
23			28					Trust Fund Contribution Added to Fees		
Zip	•	Country	Zip		Cou	intry		8. This corporation owes or has paid the current year Intangible		
24		25	29		30			Personal Property Tax due June 30. 📈 Yes 🗌 No		
	<del></del>	and Address of Curren	t Registered	Agent		 		10. Name and Address of New Registered Agent		
	• PATEL, SURE					61	Name	ne		
		TEMPLE AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)				
	y Starke FL 3	2091				83				
	•					53		į		
						84	City	85 Zip Code		
11. 5			1407.15					FL [		
11. Pt	ursuant to the provis fice or registered ag	gent, or both, in the State	? and 607.15 of Florida. St	ιθε, Fiorida Statuti Joh change was ε	es, the at authorized	oove d bv	-named the cor	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered		
aç			tions of, Sec	tion 607.0505, Flo	orida Stat	utes.				
SIGNA	ATURE	P. Patel.						Ure required when reinstation)  DATE  OPERATOR  DATE		
10	Signature, typed	or printed name of registered agor OFFICERS AND				Agen	t signature			
12.	PSD	OFFICENS AIN.	DIRECTOR	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN. 12		
NAME		PARBHU P			1.2 NA			PATEL PUSHPA LI Change & Addition		
STREET A	4000 1	ORTH TEMPLE AVENU	E				ADDRESS	1290 N TEMPLE THE		
CITY-ST	OTABLE	FL 32091	•					STARKE FL 32091		
TITLE	VID			DELETE	1.4 CiT 2.1 TiT		- [1]	Change Maddition C		
NAME		SURESH P		C Duction	2.2 NA			D PATEL JASHU Change Aladdition (S) 1290 N TEMPLE AND		
STREET A	4000 10	ORTH TEMPLE AVENU	F			-	DDRESS	1290 N TEMPLE AND		
CITY-ST-	OTA DIZE	FL 32091	-					STARKE FL 32091		
TITLE	- 2IF - 017 W 11 14		<del></del>	DELETE	2. 4 CI 3.1 TIT		· ZIP	☐ Change ☐ Addition		
NAME					3.2 NA			C onango C Addition		
STREET A	nnerss						DDRESS			
CITY-ST-	1				3.4. CI					
TITLE	- ZIF	<del></del>	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TiT		- ZIP	Change Addition		
NAME					4. 2 NA			Li Oriango Li Muditori		
STREET A	ndress						DDRESS			
CITY-ST-					4.4 CIT					
TITLE				☐ DELETE	5.1 TIT		· ZIP	☐ Change ☐ Addition		
NAME					5.2 NA		i	J. Gridings C. Modificial		
STREET A	DORESS						DDRESS	,		
CITY-ST-	i				5.4 CIT					
TITLE	EH		, .	DELETE	6.1 TIT		LIF	Change Addition		
NAME					6.2 NAI			Country Charles		
STREET AL	DOMESS						DDRESS			
DITY-ST-					1			'		
PHI 1-91-	£IT .				6.4 CIT	1-51-	ZIP	1		

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.