

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000087895 (5)**

1. Corporation Name

R.P. CONSTELLATION STARS, CORP.

Principal Place of Business

**11310 SW 145 AVENUE
MIAMI FL 33186**

Mailing Address

**11310 SW 145 AVENUE
MIAMI FL 33186-6675**



2. Principal Place of Business

21 **14818 SW 81 Street**

Suite, Apt. #, etc.

22

City & State

23 **Miami FL**

Zip

24 **33193**

Country

25 **USA**

2a. Mailing Address

26 **14818 SW 81 Street**

Suite, Apt. #, etc.

27

City & State

28 **Miami FL**

Zip

29 **33193**

Country

30 **USA**

3. Date Incorporated or Qualified

11/16/1995

3a. Date of Last Report

06/19/1996

4. FEI Number

65-0621106

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**UGAZ, JUDITH
11310 SW 145 AVENUE
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name **UGAZ, JUDITH**

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

83 **14818 S.W. 81 Street**

84 City **MIAMI**

FL

85 Zip Code **33193**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **UGAZ, JUDITH**
STREET ADDRESS **11310 SW 145 AVENUE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **SD** ☐ DELETE
NAME **UGAZ, GREGORIO O**
STREET ADDRESS **11310 SW 145 AVENUE**
CITY-ST-ZIP **MIAMI FL 33186**

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

1.1 TITLE **P.D** ☒ Change ☐ Addition
1.2 NAME **UGAZ, JUDITH**
1.3 STREET ADDRESS **14818 S.W. 81 ST**
1.4 CITY-ST-ZIP **MIAMI, FL 33193**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **UGAZ, GREGORIO**
2.3 STREET ADDRESS **14818 S.W. 81 ST**
2.4 CITY-ST-ZIP **MIAMI FL 33193**

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-97

(305) 552-9475

Date

Daytime Phone #

0280984

CR2E034 (9/96)