


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90008 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000020495** ✓

1. Corporation Name
STAR QUALITY MODEL AND TALENT AGENCY, INC.

Principal Place of Business: **8777 SW 215 TERRACE MIAMI FL 33189**

Mailing Address: **8777 SW 215 TERRACE MIAMI FL 33189**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **03/06/1996**

4. FEI Number: **65-0649005** 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 owes the current year Intangible Personal Property. () Yes () No

9. Name and Address of Current Registered Agent

**JONES, CHARLES L ACCT.
 9900 SW 168TH STREET #9
 MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	CAMPBELL, HEATHER	
STREET ADDRESS	8777 SW 215 TERRACE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, HEATHER	
STREET ADDRESS	8777 SW 215 TERRACE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Heather Campbell, President** Sep 8 99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

619306-90008-51
P96000020495



1059 Collins Avenue Suite 201, Miami Beach, FL. 33139
Phone: (305) 532-2829 Fax (305) 532-4740

Sept, 15th., 1999.

To: Division of Corporations Annual Reports Filings
PO BOX 1500- Tallahassee FL 32302-1500


From Heather Campbell

Dear Sir/Madame,

Our office had this federal express due to be picked on Monday afternoon, but because of the hurricane warning it was not delivered, please understand the delay.

Also we had not received your first notice of renewal notice so we are paying the fee of \$ 150.00. That was originally due.

Thank you for your understanding.


Heather Campbell
President

Thank you.