PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000024734

1. Corporation Name 13 STARS, INC. Mailing Address Principal Place of Business 1405 N.E.129TH STREET 1405 N.E.129TH STREET NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 03/20/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0657351 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 Country Country 8. This corporation owes the current year Intangible Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ABAH THOMAS FERNANDEZ, LILIAM 82 **407 LINCOLN ROAD** #706 83 MIAMI BEACH FL 33139 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 11TO E TITLE MANSOUR, NAWAL THOMAS 12844 NAME STREET ADDRESS 1506 NE 110 STREET 13 STREET ADDRESS NORTH MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 21 TM.E TITLE MANSOUR, SAAD THOMAS 22 NAME NAME 1508 NE 110 STREET 2.3 STREET ADDRESS STREET ADDRESS NORTH MIAM! FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-2IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE S1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 suppliamental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 the same legal effect is a first true and same appears in the same legal effect as if made under eather than the same legal e

54 CiTY-ST-ZIP

6.3 STREET ADORESS

61 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

NAME

ANSUOR

Change

☐ Addition

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90239 007 ***150.00

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