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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029699 (1)

ALLSTAR TRADE INC.

Principal Place of Business Mailing Address 731 SE 1ST WAY, APT, #22 731 SE 1ST WAY, APT, #22 DEERFIELD BEACH FL 33441-5364 DEERFIELD BEACH FL 33441-5327 3a. Date of Last Report 3. Date Incorporated or Qualified 04/01/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, otc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Country Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes ☐ Yes ☐ No 24 25 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent R1 Name SATLER, JORGE T 731 SE 1ST WAY, APT. #22 82 Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 33441-5364 83 84 City Zip Code 85 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 Stgruton, typed or proted name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE PRECEDENT THILE PORKE V. SATLER NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-7IP Change DELETE 21 TITLE TITLE NAME 22 NAME STREE! ADDRESS 23 STREET ADDRESS CITY-ST-7IP 2.4 CITY-ST-ZIP DELETE Change Addition MILE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY - ST - ZIP DITY-ST-Z-F DELETE Addition TILLE 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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

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

STREET ADORESS

FILED

Mar 11 1997 8:00am

Secretary of State