1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000057055

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90010 001 ***150.00

STARMA	KER INTERNATIONAL, INC.	•								
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Principal Place	e of Business	Mailing Address				11441144111	. ,.,,		31,111,7524, 00.1	
9810 NW 10 ST	r.	9810 NW 10 ST.								
PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024			24			DO NOT WRITE IN THIS SPACE				
						3. Date Incorpora			OIAGE	
						07/02/1996		-		
2 Principal D	lace of Business	2a. Mailing Address				4. FEI Number	·		A	pplied For
 -	lace of business	26				65-0684989	9		H N	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							\$8.75	Additional
22		27				5. Certifcate of S	tatus Desired		Fee R	lequired
City & State	е	City & State				6. Election Camp	aign Financing	П		May Be
23	<u> </u>	28			**	Trust Fund Co				to Fees
Zip	Country	Zip	Coun	try		8. This corporation		rrent year In		
24	25	29	30			Personal Prop		Devistand	Yes	□No
***	9. Name and Address of Curren	nt Registered Agent		81 Nar	<u> </u>	10. Name and Ad	aress of New	Registered	Agent	
F1 E1	SCHER, RITA		,	וא ויט	n c					
9810) NW 10 ST.		[1	82 Stre	et Addres	ss (P.O. Box Number	er is Not Accep	table)		
PFM	BROKE PINES FL 33024		<u> </u>	83				33. <u>2</u>	1	71 17 191
			Ĺ					13	- ' ' '	1
			[1	84 City	•	•	•	FI	85 Zip	Code
44 Durguant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statu	tes, the ab	ove-nam	ed cornor	ration submits this s	tatement for the	e purpose o	f changing it	s registered
	to the provisions of occious our room									
					orporation	s board of directors	s. I hereby acco	ept the appo	intment as r	egistered
office or n agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga				orporation	n's board of directors	s, I hereby acce	ept the appo	intment as r	egistered
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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, with all other like empowered.