## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## 1997 DOCUMENT # 1. Corporation Name P96000067916 (2) STARSAT, INC.



**FILED** 

Jul 21 1997 8:00am

Secretary of State

Principal Place of Business				Mailing Address						DO NOT WRITE IN THIS SPACE						
8151 NW 74 AVE B MIAMI FL 33166				8151 NW 74 AVE B MIAMI FL 33166												
									3.		Incorporated or Qualific	€d	<b>3a.</b> Da	ite of Las	l Report	
2. Principal Place of Business 21 8193 N.W. 74TH AVE.  Suite, Apt. #, etc. 22  City & State 23 MIAMI, FL.  Zip Country 25 USA  9. Name and Address of Curr  JOHNSON, SUSIE 8151 NW 74 AVE B MIAMI FL 33166  11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the obtension of Signature. Typed or printed name of registered in the State of Signature. The State of Signature agent. The State of Signature agent. The Signature agent agent. The Signature agent agent agent. The Signature agent			24	2a. Mailing Address					4.	, FEI	Vumber	1		X	Applied For	
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22			27						0.	, Cert	ificate of Status Desired	'	LJ	Fee	Required	
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			28	28 MIAMI, FL.						Trus	Fund Contribution				d to Fees	
		- Heá		Zip 33166	_	Cou	ritry SA		8.		corporation owes or has					
24 33 100	A Name		of Current Real			10 U	37				onal Property Tax due J			Yes	No No	
1011			or Current Regi	ISTOLOU WOOL			81	Name	10	, IVBIT	ne and Address of New	Regi	stered /	agent		
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,						ĺ	82	Street	Address (I	P.O. B	ox Number is Not Accep	table	)			
MAN	VII FL 3310	56				}	83									
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						Ī	84	City					FL	85 Zi	p Code	
office or re	gistered ag	ient, or both, in	the State of Flor	rida. Such cha	ange was au	thorized	yd b	the con	corporation's	on sub board	mits this statement for the of directors. I hereby ac	e pur	noso of	changing cintment	y its registered as registered	
_	n tamiliar wi	th, and accept	the obligations	of, Section 60	7.0505, Flori	da Stati	utes				•					
	Stanature, typed	or printed name of re	soistered agont and til	lo if applicable	(NOTE I	Bogistored	Aner	nt sinnature	required who	n reinsla	tao)		DATE			
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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 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 Block 12 or Block 13 if changers or on an attachment with an address.

## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT #** P96000067916 (2) STARSAT, INC. Principal Place of Business Mailing Address 8151 NW 74 AVE B 8151 NW 74 AVE B MIAMI FL 33166 **MIAMI FL 33166** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report .08/15/1996 X Applied For 2. Principal Place of Business 2a. Mailing Address 8193 N.W. 74TH AVE. 8193 N.W. 74TH AVE Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAMI, FL. Added to Fees MIAML, FL. Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 33166 USA 33166 USÁ 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, SUSIE 8151 NW 74 AVE B 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** 83 84 City Zip Code 65 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 (NOTE: Registered Agent signature required when reinstaling) Signature, typod or printed name of registered agent and title it applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD PSTD DELETE 11 TITLE Addition TITLE JOHNSON, SUSIE JOHNSON SUSIE 1.2 NAME NAME 8151 NW 74 AVE B 8193 N.W. 74TH AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33166 MIAMI, FL. 33166 CITY - ST - ZIP 1.4 CITY - ST - ZIP DITTIE Change TITLE 2.1 Till(F Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3.1 1006 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELFTE. Change 4.1 THILE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY- \$1 - ZIP DELETE Change TITLE 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changer b or on an attachment with an address.