## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000075567 (3)

STAR SHIPPING LINE, INC.

## **FILED** Apr 07 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address	Mailing Address			-	181 Allah ahlah a	ililli fori fori	
241 SEVILLA AVENUE 241 SEVILLA AVENUE						1			
CORAL GABLES FL 33134 CORAL GABLES FL 33134									
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 09/11/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	1
21 26						65-0582142	1	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, e						5. Certificate of Status Desired		Additional	1
27						C. Communication States Section 22		Required	1
City & Stat	City & State	ale			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country Zip			Country			8. This corporation owes or has paid the cu	urrent year t	ntangible	1
24 25 29			30			Personal Property Tax due June 30.  Yes No			
	9. Name and Address of Currer	at Registered Agent		10. Name and Address of New Registered Agent					
CA	STELINO, MARTIN			81	Name				Ì
241 SEVILLA AVE				B2	Street Addre	ess (P.O. Box Number is Not Acceptable)			-
SUITE 1005			l						
l co	RAL GABLE FL 33134		[	83					1
1			}	84	City		85 Zir	Code	1
Į			[	~[	Ony	Fl	_  05  216	0000	1
11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoring agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S					the corporatio	oration submits this statement for the purpose on is board of directors. I hereby accept the ap	of changing pointment a	its registered s registered	]
1	in the man with and booop the obligi	30000 01, 000001 007.0000, 7101	100 000						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered					t signature required	d when reinstating) DATE			1
12.			13.	13.		ADDITIONS/CHANGES TO OFFICERS AN			0/0/2
TITLE	·D	☐ DELETÉ	1.1 TITLE				Change	Addition	15
NAME SAFFE, DANIEL			1.2 N						2
STREET ADDRESS 241 SEVILLA AVENUE		1.3 S <sup>1</sup>		1.3 STREET ADDRESS					Įį.
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CiTY-		- ZIP				_ ը
TULE	D	☐ DELETE	2.1 TITLE				Change	Addition	10
NAME	CASTELINO, MARTIN		2.2 NAME						-
STREET ADDRESS	=		2.3 S16	REET A	ADDRESS				ļ
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-		-ZIP				1
TITLE	TVP	DELETE	3.1 TITLE				Change	Addition	
NAME	PRADO, EDWARDO		3.2 NAME		-				-
STREET ADDRESS	241 SEVILLA AVE		3.3 STREET						
CITY-ST-ZIP	CORAL GABLES FL	Closuste	3.4. CITY - 1		- ZIP				4
TITLE		☐ DELETE	4.1 TITLE		[	•	☐ Change	Addition	
NAME	•		4. 2 NAME						1
STREET ADDRESS			4.3 STREET ADDR		1				
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		- ZIP		Change	Addition	┨
TITLE			5.1 TITLE		{		Li Charige	MODITION	1
NAME OTOECT ADDOCCO			5.2 NAME		DODECC				
STREET ADDRESS			5.3 STREET ADDR		1				
CITY+ST-ZIP TITLE		DELETE	5.4 CITY-ST-Z		- ZIP		Change	Addition	1
l l	• 4	E) Dittit		6.1 TITLE			rm charige	- Vanitoli	
NAME OTOTCY ADDRESS	. !		4	6.2 NAME 6.3 STREET ADDRESS					1
STREET ADDRESS			6.3 STREET ADDR						
14. I hereby o	certify that the information supplied wi	ith this filing does not qualify for				section 119.07(3)(i), Florida Statules, I further o	ertify that th	e information	1
				45.		aball base aba as as is and affect as if an also	nales and the		١.

is true and accurate and that my signature shall have the same legal effect as it made under dain; that I am a empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

3/30/90 (305) 445-8100