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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600078039 1. Corporation Name

MIAMI STAR, INC.

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90133 013 ***150.00



141174411 0			. <u></u> -								
Principal Place	of Business	Mailing Address						,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
111 NE 1ST STREET #770		111 NE 1ST STREET #770									
MIAMI FL 33132	2	MIAMI FL 33132			DO NOT WRITE IN THIS SPACE						
						3 Date luce	orporated or Qualifed		51 11 0 2		1
						09/19/	· .				ļ
2 Princina Pl	ace of Business	2a, Mailing Address			4. FEI Number			Apr lied For		1	
2. Principa Place of Business		26			65-0697394			Not Applicable		1	
Suite, Ant. #, etc.		Suite, Apt. #, etc.				_			\$8.75 A Iditional		1
22		27			5. Certifc ate of Status Desired			Fee Recuired			
City & State		City & State			6. Election Campaign Financing \$5.00 ma			May Be			
23		28			Trust Fund Contribution Added to Feet						
Zip	Courtry	Zip Country			8. This curporation owes the current year intangible						
24	25	29	30			Persor al Property Tax.			Yes No		
	9. Name and Address of Current	Registered Agent				10. Name a	nd Address of New Regi	stered A	Agent		4
_				81	Name						
	PORATION SERVICE COMPANY		ŀ	82	Street Ac d	ress (P.O. Box N	lumber is Not Acceptable)			1
1	HAYS STREET		Į				·				[
_l tall	AHASSEE FL 32301			83							
			}	84	City -				85 Zip C	ode	1
					-			<u> FL</u>]
office or re	to the provisions of S∈ctions 607.0502 egistered agent, or bo h, in the State on familiar with, and accept the obligati	of Florida, Such change was	authorized	by th	named corporat	poration submision's board of cir	this statement for the pur ectors. I hereby accept th	pose of a e appoin	changing its i itment as reg	r əgistered _I stered	
SIGNATURE								****			\ _
	Signature, typed or printed name of registered agent	. 		Agent s	ignature requir	ed when reinstating)	S/CHANGES TO OFFIC	DATE EDS JAI	D DIRECTOR	E-S IN 12	88
12.	OFFICERS ANI	DELETE	13.	1 F	K.		BEN NISSAN		Shange	Addition	CR2E034 (11/98)
TITLE	•	_ bettie	1.2 NA		1,	PESID			~ *	_	4
NAME	NISSAN, MOSHE B				DORESS 1		HILLSTREE	7			8
STREET ADDRE 3S	110 E 9TH ST #A-967				^	227 C	TUS CA 9				22
CITY-ST-ZIP	LOS ANGELES CA 90079	▼ DELETE	14 CF 2.1 TH			03 11000	٦ ١٩٠١	777.17	Change	Addition	წ
TITLE	VP	PELLIL							_ ,	_	
NAME	GOLAN, ZEEV			2.2 NAME 2.3 STREET ADDRESS							
STREET ADDRE 3S		6485 NE 26TH PLACE		2.4 CITY-ST-ZIP							
CITY-ST-ZIP	N MIAMI BEACH FL 33160	2.40 DELETE 3.1T				CCCD	CTAM		Change	Addition	1
			3.2 NA				S INTRO		_ •	,	
NAME			l l		DDRESS 🛊	へんびん	PATEL				
STREET ADDRESS				TY-ST-	110	05161	TASSAM AVE				
CITY-ST-ZIP TITLE		□ DELETE	4.1 TIT		<u> </u>	HATSWE	THE CA S	1011	Change	Addition	1
1			4. 2 N/								
NAME					DORESS						
STREET ADDRESS				NEETA NY-ST-2							
CITY-ST-ZIP		DELETE	5 1 TIT		ZIP				Change	Addition	┪
TITLE		المارين المارين	5.2 NA						_ •		1
NAME			B		DDRESS						
STREET ADDRE IS				TY-ST-2							
CITY-ST-ZIP		☐ DELETE	6.1 TIT						Change	Addition	1
TITLE		C DECEIE	6.2 NA								
NAME			4		DORESS						
STREET ADDRE 3S			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP								
CITY-ST-ZIP			0.4 CI	11-31-4	£11"						_

14. 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 recuired 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.

SIGNATURE: