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

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90107 011 ***150.00

DOCUMENT # **P96000080714**1. Corporation Name

FIVE STARS REALTY, INC.

Principal Place				7 120/100 116 12/10 21/11 22/11					
5420 W 16TH AVE 5420 W 16 AVE									
HIALEAH FL 33012 HIALEAH FL 33012						DO NOT WINE IN THE COACE			
US US							DO NOT WRITE IN THIS SPACE		
-		_		ı		3. Date Incorporated or Qualifed 09/30/1996			
2. Principal P	ace of Business	2a. Mailing Address	·-			4. FEI Number		Apt	olied For
21		26	26			65-0699866			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Red	
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28		_		Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the current	nt year Inta	ngible	
24	25	29	30			Personal Property Tax.		Ş Yes	□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered A	gent	
****	LEN BANKE		8	1 Name	Do.	nel, Marlen.			
MARLEN, DANIEL						s (P.O. Box Number is Not Acceptab	ole)		
3800 SW 126TH AVE					. 42				
MIKA	MAR FL 33027		8	3	-				1
			8	4 City \				85 Zip C	iode
			-	' '		lean	FL	33	
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 SIGNATURE									registered gistered
	Signature, typed or printed name of registered a		: Registered Ag	ent signature i	required w		DATE AND	DIDECTO	BC IN 12
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	Change	Addition
TITLE	PS MARIEN	C OCTELE	1,1 TITLE					CArchange	
NAME	DANIEL, MARLEN		1.2 NAM		x	too W. 16 AUR			1
STREET ADDRESS	3800 SW 126TH AVE			ET ADDRESS		aleah, F(330)	_		-
CITY-ST-ZIP	MIRAMAR FL 33027	√ DCI CTC	1.4 CITY		041	MECH (27)		☐ Change	Addition
TITLE	VT DODDICHEZ ODALIE	DELETE	2.1 TITLE		Ì			☐ Orlange	
NAME	RODRIGUEZ, ODALIS	•	2.2 NAM						1
STREET ADORESS	9856 NW 26 AVE			ET ADDRESS	ĺ				
CITY-ST-ZIP	MIAMI FL 33142	Nort etc	2.4 CITY		 			Change	Addition
TITLE	D DODDICHEZ HILLO	DELETE	3.1 TITLE					□ cuange	
NAME	RODRIGUEZ, JULIO		3.2 NAM						
STREET ADDRESS	9856 NW 26 AVE			ET ADDRESS	1				}
CITY-ST-ZIP	MIAMI FL 33013	C ACLETE	3.4. CITY				-	Change	Addition
TITLE	D AANEL BRIDGE	☐ DELETE	4,1 TITLE		VT	niel, Julioc.		Change	
NAME	DANIEL, JULIO C		4, 2 NAW		1	100 W. 16 AUC			1
STREET ADDRESS	3800 SW 126TH AVE			ET ADDRESS	1.14	Water F1 330	12		
CITY-ST-ZIP	MIRAMAR FL 33027	□ pc/ctc	4.4 CITY		1 04	Mirean 141 220	- حجارا	Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAM						
NAME									
STREET ADDRESS				ET ADDRESS	1				
CITY-ST-ZIP		- Coccer	5.4 CITY 6.1 TITLE		 			☐ Change	Addition
TITLE		☐ DELETE			1				
NAME	•		6.2 NAM						1
STREET ADDRESS			B	ET ADDRESS					
CITY-ST-ZIP			6.4 CiTY	ST-ZIP	1				

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 printinged or on an attachment with an address, with all other like empowered.

SIGNATURE: