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

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000101143 (1)

FIVE STAR IMPORTS, INCORPORATED

FILED Jul 28 1997 8:00am Secretary of State



Principal Plac	e or Business	maiing	Mailing Address						
55 MADISON			6276 NW 186TH ST., APT. B 108						
HAMILTON NJ 08619		MIAMI FL 33105				DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 3a. Date of Last Report		
						12/16/1996	Date of Edit	, lopoit	
2. Principal P	lace of Business	2a. Mai	ling Address			4. FEI Number	1 1	pplied For	
21		<u> </u>	26			65-07145	U T	lot Applicable	
Suite, Apt. #, etc.			Suite. Apt. #, etc.					Additional	
22		<u>├</u>	27			Certificate of Status Desired		Additional lequired	
City & Stat	e		City & State			6 Floring Connecting Street			
23		<u> </u>	28			6. Election Campaign Financing		May Be	
Zip	Country	Zip Coun			2/	Trust Fund Contribution		I to Fees	
24	25	29		30	,	This corporation owes or has pa Personal Property Tax due June		itangible No	
[27]	9. Name and Address of Curi		i Agent	[30]		10. Name and Address of New Re		NO	
CA	STELLANOS, ANIBAL			8	1 Name	ID, Harris and Rudious of flow flo	gistorou Againt		
				[.				1	
6276 NW 186TH ST., APT. B108				8	82 Street Address (P.O. Box Number is Not Acceptable)				
MIA	AMI FL 33105			_					
				8:	ا*				
				8	City		85 Zip	Code	
								i	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.15	508, Florida Statute	es, the abo	ve-named	corporation submits this statement for the p	ourpose of changing	its registered	
agent. La	m familiar with, and accept the ob	ligations of, Sec	ction 607.0505, Flo	orida Statute	BS.	corporation's sounds this statement for the population's board of directors. Thereby accept	or the appointment as	s registered	
SIGNATURE									
	Signature, typed or printed name of registered			E Registered A	gent signature	required when roinstaling)	DATE		
12.		ND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	DT CANDED COMES DIAME	•	[_] DELETE	1.1 TITLE			☐ Change	Addition	
NAME	SANDERS-GOMEZ, DIANE	C		1.2 NAME				1:	
STREET ADDRESS	55 MADISON AVE.			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	HAMILTON NJ 08619			1.4 City -	ST-ZIP			Į.	
TATLE	DP		□ DELETE	2.1 TOTLE			☐ Change	Addition	
NAME	GOMEZ, FERNANDO V			2.2 NAME					
STREET ADDRESS	55 MADISON AVE.			2.3 STREE	T ADDRESS				
CITY - ST - ZIP	HAMILTON NJ 08619			2. 4 CITY	·ST-ZIP				
TITLE	DS		DELETE	3.1 TITLE			Change	Addition	
NAME	Castellanos, Piedad			3.2 NAME				1	
STREET ADDRESS	6276 NW 186TH ST., APT.	B 108		3.3 STREE	1 ADDRESS				
CITY-ST-ZIP	MIAMI FL 33105			3.4. CHY-					
TITLE	DV		DELETE	4.1 TITLE	J. 211		Change	Addition	
NAME	CASTELLANOS, ANIBAL			4. 2 NAM	.			- 13011011	
STREET ADDRESS	6276 NW 186TH ST., APT.	B 108			T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33105	• 100							
TITLE	***************************************		DELETE	4.4 CITY- 5.1 THILE	31-ZIF		☐ Change	Addition	
NAME			- Section				change	L. Addition	
				5 2 NAME]	
STREET ADDRESS					T ADDRESS			.	
CITY-ST-ZIP			DECETE	5 4 CITY-	ST-ZIP		——————————————————————————————————————		
TITLE			☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	T ADDRESS			.]	
CITY-ST-ZIP				6.4 CITY -	S1-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 oath; that I am an officer or director of the corporation or the reserver 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 changes, or of an effectment with an address.