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

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PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	Feb 23 1998 8:00am Secretary of State		
OCUMENT # P97 T - STAR DISTRIBUTOR, INC				

Principal Place of Business 6175 N.W. 167TH STREET SUITE G-17 MIAM! FL 33015	Mailing / 6175 N SUITE (.W. 167TH STREE	e T		DO NOT WRITE IN THIS SPAC 3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address				,	02/05/1997 4. FEI Number	Applied For	
21 26		Ant 4 ata			65-074464	Not Applicable	
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			I h. Certificate of Status Desired I I	3.75 Additional Fee Required	
City & State		City & State		******	6. Election Campaign Financing \$	5.00 May Be	
23	28				Trust Fund Contribution		
Zip C	country Zip	Zip Country 30		•	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	Address of Current Registered	Agent	1301		10. Name and Address of New Registered Agent		
GARCIA, ESTHER 81 Nam							
6175 N.W. 167TH STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE G-17			0.	Street Addi	ress (r.o. box reuniber is red. Acceptable)		
MIAMI FL 33015			63				
			84	City	FL 85	Zip Code	
office or registered agent, o agent. I am familiar with, an SIGNATURE	r both, in the State of Florida. Suo d accept the obligations of, Secti	ch change was a on 607.0505, Flo	authorized by orida Statutes	the corporat s.	poration submits this statement for the purpose of chan tion's board of directors. I hereby accept the appointment	ging its registered ent as registered	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen			int signature requir		TOTOGO IN 40		
12. OFFICERS AND DIRECTORS TITLE D DELETE			13.	1	ADDITIONS/CHANGES TO OFFICERS AND DIRE	hange Addition	
NAME GARCIA, ESTHER		1.2 NAME					
STREET ADDRESS 6175 N.W. 167TH STREET, SUITE G-17			1.3 STREET	SZERDDA			
CITY-ST-ZIP MIAMI FL 33015			1.4 CITY-S	T - ZIP			
TITLE V.P. XOELETE			2.1 TITLE		☐ Change ☐ Addition		
NAME DAVID GARCIN STREET ADDRESS GIN NW 16751-5.6.17			2.2 NAME	2.2 NAME			
STREET ADDRESS 6/7 NW1673				2.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP M'AU' FL 330N. TITLE V. P. DELETE			2. 4 CITY-5 3.1 TITLE	37 - ZIP	□ c	hange Addition	
TITLE V.P. DELETE			3.2 NAME		ت د	nange	
CTELET ANDRESC 6175 NW 16757 S-6-17			3.3 STREET	ADDRESS			
CITY-ST-ZIP MI'AMI FL, 330W			3.4. CITY - 9				
TITLE					□ CI	hange Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		anna Hallanda	
TITLE DELETE		5.1 TITLE		L Ci	nange L Addition		
STREET ADORESS			5.2 NAME 5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S				
TITLE		DELETE	6.1 TITLE		□ cı	nange	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	address		ļ	
City-St-ZiP			6.4 CITY - ST				
 Finereby certify that the infor- indicated on this annual rep- officer or director of the corp Block 12 or Block 13 if chan 	mation supplied with this filing do ort or supplemental annual report loration or the receiver of trustee god. In on an attachment with an	pes not quality for is true and acci- empowered to empowered to empowered to empowered to empowered to empowered to empowered to empowere the empowered the empowered to empowere the empowered to empowere the empowered the empowered the empowered to empowere the empowered the empowere	r the exempt urate and tha execute this r	ion stated in it my signatur eport as requ	Section 119.07(3)(i), Florida Statutes. I further certify the re shall have the same legal effect as if made under or suired by Chapter 607, Florida Statutes; and that my nar	ath; that I am an ne appears in	