

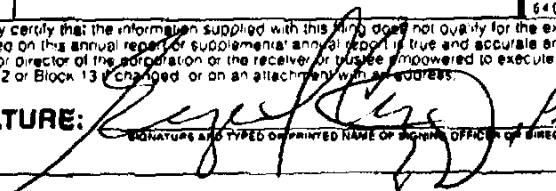
05/01/1998 12:52 385-461-9916

CMS

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

FILED

May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra M. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000021639 1. Corporation Name TRISTAR INT'L INC.			
Principal Place of Business 2860 NW 72 AVE MIAMI, FLORIDA 33126		Mailing Address	
2. Principal Place of Business 21 Suite, Apt # etc		2a. Mailing Address 25 Suite, Apt # etc	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
3. Name and Address of Current Registered Agent GUENE CAIAZZO 1086 S. MILITARY TRAIL DUNFIELD BEACH, FL 33442		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3/10/97 4. FEI Number 65-0745402 Applied For ☒ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No	
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.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
18. OFFICERS AND DIRECTORS TITLE PST D ☐ DELETE NAME GUENE CAIAZZO STREET ADDRESS 1086 S. MILITARY TRAIL CITY-ST-ZIP DUNFIELD BEACH, FL 33442		19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, unchanged, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-30-98 477-6300 Filing Fee ***150.00	

CFR2034 (1/09/97)