

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000023510**

1. Corporation Name  
**COMSTAR USA, INC.**

Principal Place of Business

5973 NW 16 STREET  
SUNRISE FL 33313

Mailing Address

5973 NW 16 STREET  
SUNRISE FL 33313

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90018 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/10/1997**

4. FEI Number

**65-0732698**

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

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **5973 NW 16 St.**

Suite, Apt. #, etc.

22 City & State

23 **SUNRISE, FL**

Zip Country

24 **33313 USA**

2a. Mailing Address

26 **5973 NW 16 St.**

Suite, Apt. #, etc.

27 City & State

28 **SUNRISE, FL**

Zip Country

29 **33313 USA**

9. Name and Address of Current Registered Agent

**BENJAMIN, JACOB C**  
**5973 NW 16 STREET**  
**SUNRISE FL 33313**

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BENJAMIN, JACOB C**

STREET ADDRESS **5973 NW 16 STREET**

CITY-ST-ZIP **SUNRISE FL 33313**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6-14-99 - original date**

**7-14-99**

**954-777-4050**

CR2E034 (5/99)

0064673

P47000023510  
597779-90018-21

July 14, 1999

- ComStar USA, Inc.
- 5973 NW 16 St.
- Sunrise, FL 33313

To

Division of Corporations  
Annual Reports Filings  
Tallahassee, FL 32302

Dear Sir/Madam,

This letter is to inform you that a check for the amount of \$150.00 (check # 2094) was already mailed on April 14, 1999.

Upon checking with the bank, we have realised that check hasn't cleared till now. I am sending you a replacement check for the same amount (check # 2119) as per the your advice based on the telephone conversation this morning. A copy of the bank statement is also enclosed to show the missing check (# 2094).

Please call me or email me if you have any further questions

Ph. 954-777-4050  
email jacob@csusa.net

Faithfully,

*Jacob Benjamin*