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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90144 012 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000032844**

1. Corporation Name  
**SOUTH STAR DEVELOPMENT, INC.**

Principal Place of Business

7520 REPUBLIC DRIVE  
SUITE 104  
ORLANDO FL 32819

Mailing Address

7520 REPUBLIC DRIVE  
SUITE 104  
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/10/1997**

4. FEI Number

**59-3444104**

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 7468 Universal Blvd**

Suite, Apt. #, etc.  
**22 Orlando Florida**

City & State  
**23 32819**

Zip Country

**24** **25**

2a. Mailing Address

**26 SAME AS 21**

Suite, Apt. #, etc.

**27 SAME AS 22**

City & State

**28 SAME AS 23**

Zip Country

**29** **30**

9. Name and Address of Current Registered Agent

CARVALHO, ENIO  
573 WHITTINGHAM PLACE  
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

**NORBERTO R. DUARTE -**

82 Street Address (P.O. Box Number is Not Acceptable)

**446 WATER STREET**

83

84 City

**CELEBRATION**

FL

85 Zip Code

**34747**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/7/99**

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME DUARTE-RODRIGUES, NORBERTO  
STREET ADDRESS 7520 REPUBLIC DRIVE, SUITE 104  
CITY-ST-ZIP ORLANDO FL 32819

TITLE VPT ☐ DELETE

NAME CORREA-MACEDO, JOSE CARLOS  
STREET ADDRESS 7520 REPUBLIC DRIVE, SUITE 104  
CITY-ST-ZIP ORLANDO FL 32819

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 PS ☒ Change ☐ Addition

1.2 NAME NORBERTO R. DUARTE

1.3 STREET ADDRESS 446 WATER ST

1.4 CITY-ST-ZIP Celebration FL 34747

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME JOSE CARLOS MACEDO-CORREA

2.3 STREET ADDRESS 7468 UNIVERSAL BLVD

2.4 CITY-ST-ZIP ORLANDO FL 32819

3.1 TITLE TREASURER ☐ Change ☒ Addition

3.2 NAME NELCY DE FREITAS FERREIRA

3.3 STREET ADDRESS 7468 UNIVERSAL BLVD

3.4 CITY-ST-ZIP ORLANDO FL 32819

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)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

01/07/99

407-248-2626

CR2E034 (11/98)