

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90184 042 ***158.75

DOCUMENT # P97000032954

1. Corporation Name

SEVEN STARS AT BISCAYNE, INC

Principal Place of Business
**16297 BISCAYNE BLVD
NORTH MIAMI BEACH FL 33160
US**

Mailing Address
**1635 SW 84TH AVE.
MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1997

4. FEI Number

65-0744308

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**ALMIRALL, JORGE
1635 S W 84TH AVENUE
MIAMI FL 33146**

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)

JORGE ALMIRALL

3/5/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **ALMIRALL, JORGE**
CITY-ST-ZIP **1635 SW 84TH AVE.
MIAMI FL 33155**

TITLE ☒ DELETE
NAME **TSD**
STREET ADDRESS **LAVINA, ROMAN**
CITY-ST-ZIP **1540 URBINO AVENUE
CORAL GABLES FL 33146**

TITLE ☐ DELETE
NAME **CFOD**
STREET ADDRESS **ALMIRALL, ISIDRO**
CITY-ST-ZIP **10240 SW 120TH STREET
MIAMI FL 33176**

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **BAND, ROGER**
CITY-ST-ZIP **6321 NW 37TH AVE
MIAMI FL 33147**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ALMIRALL, JOSE**
CITY-ST-ZIP **400 93RD STREET
SURFSIDE FL 33154**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **STEINBERG, ALLEN**
CITY-ST-ZIP **46 SHORE PARK ROAD
GREAT NECK NY 11023**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **TSD**
1.3 STREET ADDRESS **JOSE ALMIRALL**
1.4 CITY-ST-ZIP **16297 N. MIAMI BEACH
Biscayne Blvd, FL 33160**

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Jorge Almira ll 3/11/99** Date **305-553-6203** Daytime Phone #

CR2E034 (1/98)

0225825