

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
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DOCUMENT # P97000065092

1. Corporation Name

ALLSTAR MESSENGER, INC.

Principal Place of Business

Mailing Address

4483 NW 36 ST. #115 Miami Springs,
FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7-28-97

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

65-0773456

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Junior Bella
4483 NW 36 ST. #115
Miami Springs, FL 33166

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

(X) *[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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME (P) Junior Bella

STREET ADDRESS 4483 NW 36 ST. #115

CITY-ST-ZIP Miami Springs, FL 33166

TITLE ☐ DELETE

NAME (VP) Yordanka Mizraji

STREET ADDRESS 4483 NW 36 ST. #115

CITY-ST-ZIP Miami Springs, FL 33166

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: (X) *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

99 JUL 22 PM 2:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ALLSTAR MESSENGER, INC.
4483 NW 36th STREET, STE: 115
MIAMI, FLORIDA 33166
Doc. # P97000065092

I AM ENCLOSING MY 1999 ANNUAL REPORT FORM ALONG WITH MY CHECK FOR \$150.00. I NEVER RECEIVED MY FIRST NOR SECOND NOTICE ANNUAL REPORT. PLEASE ACCEPT MY PAYMENT TO COVER THE NECESSARY FEES FOR THIS YEARS REPORT. IF YOU SHOULD HAVE ANY QUESTIONS REGARDING THIS LETTER PLEASE DON'T HESITATE TO CONTACT ME AT THE ABOVE LISTED ADDRESS. THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

YUNIOR BELLA
PRESIDENT

FILED
99 JUL 22 PM 2:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA