

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
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90049 023 ***150.00

DOCUMENT # P98000026261

1. Corporation Name

OCEAN STARS ENTERPRISES, INC.



Principal Place of Business

200 SOUTH BISCAYNE BOULEVARD
SUITE 4815
MIAMI FL 33131

Mailing Address

200 SOUTH BISCAYNE BOULEVARD
SUITE 4815
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1998

4. FEI Number

65-0845335

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SALUSSOLIA, PIERO
200 SOUTH BISCAYNE BOULEVARD
SUITE 4815
MIAMI FL 33131

81 Name

ATRIUM REGISTERED AGENTS, INC.

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

1500 San Remo Ave., Suite 125

83

84 City

Coral Gables

FL

85 Zip Code

33146

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: *Piero Salussolia*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/21/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D/VP
NAME PAGGIN, GIORGIO
STREET ADDRESS 5757 COLLINS AVENUE APT 2304
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ DELETE

TITLE D/P
NAME PIVA, GIUSEPPE
STREET ADDRESS 530 OCEAN DRIVE APT 318
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE FALIPPO SCEVOLA D/S/T
1.2 NAME
1.3 STREET ADDRESS 5025 Collins Ave APT 1405
1.4 CITY-ST-ZIP Miami Beach FL 33140 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)