

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90113 041 ***150.00

DOCUMENT # P98000063151

1. Corporation Name
FIVE STAR INTERNATIONAL GROUP, INC.

Principal Place of Business
6276 N.W. 186TH ST
APT B108
MIAMI FL 33015

Mailing Address
6276 N.W. 186TH ST
APT B108
MIAMI FL 33015



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1998

4. FEI Number

65-0850987

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

2a. Mailing Address

21 6160 N.W. 186 street

26 6160 N.W. 186 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt # 102

27 Apt # 102

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33015

25 USA

29 33015

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTELLANOS, ANIBAL
6276 N.W. 186TH ST
APT B108
MIAMI FL 33015

81 Name

Castellanos, Anibal

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

6160 N.W. 186 street

83

Apt # 102

84 City

Miami

FL

85 Zip Code

33015

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD ☐ DELETE
NAME CASTELLANOS, PIEDAD
STREET ADDRESS 6276 N.W. 186TH ST
CITY-ST-ZIP MIAMI FL 33015

1.1 TITLE STD ☒ Change ☐ Addition
1.2 NAME CASTELLANOS, PIEDAD
1.3 STREET ADDRESS 6160 N.W. 186 street, Apt # 102
1.4 CITY-ST-ZIP Miami, FL 33015

TITLE PD ☐ DELETE
NAME CASTELLANOS, ANIBAL
STREET ADDRESS 6276 N.W. 186TH ST
CITY-ST-ZIP MIAMI FL 33015

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME CASTELLANOS, ANIBAL
2.3 STREET ADDRESS 6160 N.W. 186 street, Apt # 102
2.4 CITY-ST-ZIP Miami, FL 33015

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)