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

Mailing Address 1355 NW 93RD COURT

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 90040 016 ***150.00

DOCUMENT 1. Corporation Name	# P980001	04266
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MACLON STAR, INC.

Principal Place of Business

355 NW 93RD COURT

IIAMI FL 33172		MIAMI FL 33172			Ì	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
					3. Date					
					12/13	5/1998			_	
2. Principal P	lace of Business	2a. Mailing Address			4. FELN			A	pplied For	ļ
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Suite, Apt.		Suite, Apt. #, etc.		5. Certif	fcate of Status Des	f Status Desired S8.75 Additional Fee Required				
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1 5 1	9. Name and Address of Current		<u> </u>	1300		e and Address of	New Registere	ed Agent		ĺ
	o. Hallo Blig Francisco			81 Name	C 111		<u> </u>			1
SILVI	A, OSCAR				2177		CAC			ł
	NW 93RD COURT			82 Street A	Address (P.O. Bo	ox Number is Not	Acceptable)	ଟ		ĺ
#A-10				83	ピノンナ	<u>, 10 w</u>	Y HU	<u> </u>		}
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11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes, Florida, Such change was auth	, the a <i>corizec</i>	bove-named of the bove-named of the bove-named of the corporation in t	corporation subm pration's board or	nits this statement f directors. I hereb	for the purpose accept the ap	or changing it pointment as r	s registered agistered)
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Stati	utes.					•	
SIGNATURE										ĺ
	Signature, typed or printed name of registered agent a			Agent signature re	equired when reinstatin		DATE	AND DIDECT	ODC N 42	<u> </u>
12.	OFFICERS AND		13.		AUUII	TIONS/CHANGES	TO OFFICERS	Change		CR2E034 (11/98)
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14. I hereby	certify that the information supplied with	this filing does not qualify for the	he exe	emption stated	d in Section 119.	07(3)(i), Florida St	atutes. I further	certify that the	intormation	

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 at officer or director of the corporation or the receiver or trusted 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: