

FILED  
May 12 1998 8:00am  
Secretary of State

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

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S 55090 (2)**  
 1. Corporation Name  
**STAR LOCK & KEY EMERGENCY LOCKSMITHS, INC.**

Principal Place of Business (Mailing Address)  
**3188 NW 72 AV.  
 MIAMI FL. 33122**

DO NOT WRITE IN THIS SPACE

8. Principal Place of Business <b>3188 NW 72 AV.</b>	2a. Mailing Address <b>3188 NW 72 AV.</b>	27. City & State <b>MIAMI FL.</b>	28. Zip <b>33122</b>
29. Country <b>USA</b>		30. Country <b>USA</b>	

3. Date Incorporated or Qualified <b>5/24/91</b>	
4. FEI Number <b>65 0260277</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax (due 12/31/98) <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**RASKER, WAYNE H.  
 7700 N. KENDALL DR  
 PLAZA 7000 PERKINS SUITE  
 MIAMI FL. 33156**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.05(2) 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 607.05(2), Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> DELETED
	<b>DPST</b>	<b>URIBE DAVID</b>	<b>MIAMI</b>	<b>FL</b>	<b>33186</b>	<input type="checkbox"/> DELETED
						<input type="checkbox"/> DELETED
						<input type="checkbox"/> DELETED
						<input type="checkbox"/> DELETED
						<input type="checkbox"/> DELETED
						<input type="checkbox"/> DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Change <input type="checkbox"/> Addition
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						<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Change <input type="checkbox"/> Addition
						<input type="checkbox"/> Change <input type="checkbox"/> Addition

**900002522599**  
**-05/14/98--01001--007**  
**\*\*\*150.00**

14. I hereby certify that the information supplied with this filing is true and equally for the corporation stated in Section 607.05(2), Florida Statutes. I further certify that the information included on this annual report or supplemental 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 owner or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change form or an attachment with an affidavit.

SIGNATURE: *David Uribe* **DAVID URIBE** APRIL 30, 98 305 7169264

CR2E034 (10/97)

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