

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S60802** (3)

1. Corporation Name
ALL AMERICAN STAR, INC.



Principal Place of Business: **720 W 27TH ST HIALEAH FL 33010**
Mailing Address: **720 W 27TH ST HIALEAH FL 33010**

3. Date Incorporated or Qualified: **06/13/1991** 3a. Date of Last Report: **03/08/1995**
4. FEI Number: **65-0270078** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
~~OWAIS, KHANANI, M~~
~~720 W 27TH ST~~
~~HIALEAH FL 33010~~

10. Name and Address of New Registered Agent
81 Name: **DAVID R PORTLOCK**
82 Street Address (P.O. Box Number is Not Acceptable): **7353 Sand Lake Rd #3**
83
84 City: **ORLANDO** FL 85 Zip Code: **32819**

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 607.0805, Florida Statutes.

SIGNATURE: *[Signature]* **DAVID R PORTLOCK** DATE: **2/16/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KHANANI, M. ANIS	
STREET ADDRESS	4409 S. KIRKMAN RD. 1050	
CITY-ST-ZIP	ORLANDO-FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	KHANANI, M. OWAIS	
STREET ADDRESS	5206 CONCH COURT	
CITY-ST-ZIP	ORLANDO-FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KHANANI, M J	
STREET ADDRESS	6530 W 60TH PL. #101	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME	
13 STREET ADDRESS	8836 NW 18TH STREET
14 CITY-ST-ZIP	MIAMI, FLA 33015
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	8836 NW. 18TH STREET
34 CITY-ST-ZIP	MIAMI, FLA 33015
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* DATE: **2/16/96** DAYTIME PHONE #: **(305) 884-2996**

CR2E034 (12/95)