

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

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

DELAND

FL

85 Zip Code

32019

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]

DAVID R. PORTLOCK

DATE 3/14/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KHANANI, M. ANIS
STREET ADDRESS 4409 S. KIRKMAN RD. 1050
CITY-STATE-ZIP ORLANDO-FL

TITLE ☒ DELETE

NAME KHANANI, M. OWAIS
STREET ADDRESS 5206 CONCH COURT
CITY-STATE-ZIP ORLANDO-FL

TITLE ☐ DELETE

NAME KHANANI, M. J
STREET ADDRESS 2530 W 60TH PL. #101
CITY-STATE-ZIP HIALEAH-FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 8836 NW 18TH STREET
14 CITY-STATE-ZIP MIAMI, FL 33015

2. TITLE ☐ Change ☐ Addition

21 NAME
22 STREET ADDRESS
23 CITY-STATE-ZIP

3. TITLE ☒ Change ☐ Addition

31 NAME
32 STREET ADDRESS 8836 NW 18TH STREET
33 CITY-STATE-ZIP MIAMI, FL 33015

4. TITLE ☐ Change ☐ Addition

41 NAME
42 STREET ADDRESS
43 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME
52 STREET ADDRESS
53 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME
62 STREET ADDRESS
63 CITY-STATE-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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

(305) 884-2996

CR2E034 (12/95)