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COR ANNU	RPORATION JAL REPORT	Secre	a B. Morthan tary of State	1			
	1996 223 96 MENT # \$7350	1707	F CORPORA	nons C	<u>,  </u>		
•	'S TRI-STAR COMMUNICATI	IONS, INC.				1 1181 A1814 A1811 B1011 810	AL BERNE BORN STAL
Principal Place of Business Mailing Address							
1052 N.E. 209TH TERR N. MIAMI BEACH FL 33179		1052 N.E. 209TH TERR N. MIAMI BEACH FL 33179					
					3. Date Incorporated or Qualified 08/15/1991	3a. Date of Last 6 02/27/19	,
	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0280254		Applied For Not Applicable
Suite Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 7	5 Additional Required	
Orty & State	)	Orty & State	Dity & State		Election Campaign Financing     Trust Fund Contribution	1 7	00 May Be
<i>Σ</i> φ <b>24</b> ]	Country 25	<i>Z</i> ip <b>29</b>	Country 30		8. This corporation has liability for in Florida Statutes Yes		199.032,
	9. Name and Address of Current	Registered Agent		II Name	10. Name and Address of New R	egistered Agent	
GELBART, DOV			E	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	E. 209TH TERR AI BEACH FL 33179		83				
11. Incom Decorre				84 City 85 Zip Code			
or registere familiar wit SIGNATURE	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	a. Such change was authoriz on 607.0505, Florida Statutes	zed by the co s.	rporation's boar	ation submits this statement for the pury d of directors. I hereby accept the appo	pintment as régistere	registered office d agent. I am
12.	Signature, type-c or printed name of registered agest a OFFICERS AND		116 Registered A	gent signature required	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTO	ORS IN 12
THEF NAME	PD Gelbart, Dov	DELETE	1 1 TITU 12 NAM			☐ Change	Addition
STREET ADDRESS	1052 NE 209TH TERR			ET ADDRESS			ORS IN 12
CITY-SF-ZIP TITLE	N. MIAMI BEACH FL VSD	[ ] DELETE	14 CHY 2 1 TH	- ST - ZIP		Change	Addition C
NAME	GELBART, GRACE		2 2 NAM	E		Criange	
STHEET ADDRESS CITY-ST-ZIP	1052 NE 209TH TERRACE N MIAMI BEACH FL		2.3 STRE 2.4 CITY	ET ADDRESS - ST-ZIP			
11/1.6	VTD	☐ DELETE	3 1 TITL	ŀ		☐ Change	Addition
NAME STREET ADDRESS	GELBART, CLARA 1052 NE 209TH TERR		3 2 NAM 3 3 STR	EET ADDRESS			-
C-1Y-S1-7iP	N. MIAMI BEACH FL	to privat	3 4 CITY				
THLE NAME	VPD Gelbart, Nordechai	DELETE	4. 1 TITL 4.2 NAM			Change	Addition
STREET ADDRESS	1052 NE 209TH TERRACE		4.3 STREET ADDRESS				
CHY-ST-ZIP TILLE	N MIAMI BEACH FL	☐ DELETE	4.4 CITY 5.1 TITL			Change	Addition
NAME			5 2 NAM			□ change	FOOTION
STREET ADDRESS				ÉT ADDRESS			
Crty-St-ZiF filtE		DELETE	5 4 CITY 6 1 TITL			☐ Change	Addition
NAME			62 NAM	E		<u></u> •	_
STREET ADDRESS UNIVESTEZIE	_		6.3 STRE 6.4 City	ET ADDRESS			
14. I do hereby certify that	the information indicated on this annua	il repolit or supplemental ann	nished and do	es not quality for	or the exemption stated in Section 119.5 te and that my signature shall have the security as required by Chapter 607. Flo	ame lenal offect se i	f mada undar
		an attainment with an addi	ress.	- to expecte tris	s report as required by Chapter 607, Flo	nica cialules; and (N	actity tialite
SIGNAT		PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTO	<del></del>	7/20/96 Dute	Daytime Phone	*