**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # \$77028

1. Corporation Name

CHINA STAR, INC.

Principal Place	of Business	Mailing Address					.,, .,,
10927 LAKE ANDOVER		10927 LAKE ANDOVER	10927 LAKE ANDOVER				
TAMPA FL 33624		TAMPA FL 33624			DO NOT WRITE IN THIS SPACE		
US		08	US		3. Date Incorporated or Qualified		
					08/29/1991		į
2 Principal Ph	and of Pusiness	2a. Mailing Address			4. FEI Number	Apr	lied For
2. Principal Place of Business		— <u> </u>	26		59-3108039	Not	Applicable
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 A	dditional
22		· ·	27		5. Certificate of Status Desired	Fee Rec	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	28		Trust Fund Contribution	Added to	Fees
Zip Country		Zip			8. This corporation owes the current year	ar Intangible	ĺ
24	25 29 30		0		Personal Property Tax.		□No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registe	ered Agent	·
			8-	Name			
	an, george g ea		82 Street Ac		ddress (P.O. Box Number is Not Acceptable)		
306 E	E WATERS AVE		0.	- Ouccire			
TAMPA FL 33604			8:	3			}
			84	4 City		FL 85 Zip C	ode
44 5	the applicant of Costions 607	DE02 and 607 1508 Florida Statutes	the above	ve-named c	omeration submits this statement for the numb	se of changing its i	registered
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		avors. D	a sister of Am	ant signature see	quired when reinstating) DA		<del></del> \
	Signature, typed or printed name of registered	S AND DIRECTORS	13.	ent signaturo rec	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PD	DELETE	1.1 TITLE			☐ Change	Addition
NAME	CHIU, YU-JEN		1.2 NAME				
	10927 LAKE ANDOVER	•		ET ADDRESS			
STREET ADDRESS	TAMPA FL 33624		1,4 CITY-	Į.			
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TITLE	-		☐ Chaпge	Addition
	=	<b>_</b>	2.2 NAME				-
NAME	CHIU, YEN-PIN		1	ET ADDRESS		•	)
STREET ADDRESS	10927 LAKE ANDOVER		2.4 CITY		•		
CITY-ST-ZIP	TAMPA FL 33624					Change	Addition
TITLE			3.1 TITLE 3.2 NAME	i		_ •	_
NAME				ET ADDRESS			
STREET ADDRESS				Į.			}
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE			☐ Change	Addition
TITLE							
NAME			4.2 NAM				{
STREET ADDRESS			4	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-			Change	□ Addition
TITLE		☐ DELETE	5.1 TITLE			∐ Change	☐ Addition
NAME			5.2 NAME	i			ł
STREET ADDRESS			1	ET ADDRESS			1
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6 1 TITLE			☐ Change	Addition
NAME			6.2 NAME				1
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

**FILED** 

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90093 048 \*\*\*150.00