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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 14 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S84738** (1)

1. Corporation Name
INTERSTAR TRADING CORPORATION

Principal Place of Business Mailing Address
666 71ST STREET MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/03/1991** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business 2a. Mailing Address
8371 N.W. 64TH ST. P.O. Box 522460

4. FEI Number **65-0313187** Applied For
Not Applicable

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State **MIAMI, FL** 20. City & State **MIAMI, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip **33166** 25. Country **U.S.A.** 29. Zip **33152-2460** 30. Country **U.S.A.**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SRAGOWICZ, LEON
5181 PINETREE DR.
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SRAGOWICZ, LEON 5181 PINETREE DR. MIAMI BEACH FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST PRESTON, RICHARD 666 71ST STREET MIAMI BEACH FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DONALD A. GRAW 6211 N.W. 98TH DR. PARKLAND, FL 33076 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV JAIME LEVY 20330 N.W. 3RD ST. PENSACOLA PINES, FL 33029 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 110.07(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 as changed, or on an appointment with an address.

SIGNATURE: Donald A. Graw **DONALD A. GRAW** 3/6/95 (305) 471-9713