FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V08455

(0)

STARTREK INTERNATIONAL, INC.

FILED Apr 30 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address					r ibate detatt dotat saite atibet diefer arn gratt didit aran deter anter anter anter				
1101 BRICKELL	. AVE.		1101 BRICKELL AVE.						
1101 Miami Fl 3313	1	MIAMI FL 33131-3151	1101 MIAMI: FL 33131-3151			·			
US		US			3. Date Incorporated or Qualified 01/23/1992	3a. Date of Last Report 05/01/1996			
2. Principal P	Place of Business	2a. Mailing Address	ailing Address			4. FEI Number		1A	optied For
21]		26			65-0310916	Not Applicable			
Suite Apt #, etc		Suite, Apt. #, etc. 27			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired	
City & Stat 23		City & State			Election Campaign Financing Trust Fund Contribution				
₁ Zip	Country	Zip	Cou	ntry	•	8. This corporation has liability for			. 199.032,
24	25	29	30			Florida Statutes L 10, Name and Address of New Re	Yes [
	9. Name and Address of Curre	nt Registered Agent	·····	81	Name		gistereo A	/Seur	
	ERIANO MARCEL					SAME			
	BAL BAY DR #104		1	62	Street A	Address (P.O. Box Number is Not Acceptat	ole)		
	HARBOUR FL 33154			83					
O1 12.	(100001112 00101						,	-T	
				84	City		FL	85 Zip (Code
12.	OFFICERS AND DIRECTORS		13.	13.		required when reinstating) ADDITIONS/CHANGES TO OFFICE			
101.F	P	DELETE	1.1 [1]	LE		P		Change	Addition
NAME	VALERIANO, MARCEL		1.2 NA	ME		valeriano, hurcel			
STREET ADDRESS	290 BAL BAY DR. #104		1.3 ST			170 OCEN LO. DA. #50			
COY SI ZP	BAL HARBOR FL	VI oriere	1.4 CI		T-21P	Ker aiscayne, FL.33	147	110	4.220
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NAME STREET ADDRESS	290 BAL BAY DR. #104		22 NA		ADDRESS	VALARIANO, MARCIEL 170 OCEN W. DR. H.	507 -		
Offi-St-ZiP	BAL HARBOUR FL				ST-ZIP	Key oschwe FL 33	145		
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NAME			3 2 NA	ME	İ				
STEFFT ADORESS			3381	REET	ADDRESS	•			
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NAME CONCLEANINGS			4. 2 N		ì				
STREET ADDIESS. CHTY-ST-Z61			4.4 Ci		ADDRESS (
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NAME			5.2 NA	ME	ŀ			-	
STREET ADDRESS			5.3 ST	REET	ADDRESS				
Calv St-ZP	* ** ** * * * * * * * * * * * * * * *		5.4 CI	TY - 5	1- ZIP				ре-щ
T-IEF		DELETE	61111			·		☐ Change	Additio
NAME			62 NA						
STREET ADDRESS					ADDRESS				
CHY-ST ZIP		4 20 40 40 40 40	640	Y-S	T-ZIP	in Control 110 07/0V/V Florida Control			AL .

I. I do 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT - 4/25/P7 (32)358-8342