

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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90033 041 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V08455**

1. Corporation Name

**STARTREK INTERNATIONAL, INC.**

Principal Place of Business

290 BALBAY DR  
203  
BAL HARBOUR FL 33154  
US

Mailing Address

290 BAL BAY DR  
203  
BAL HARBOUR FL 33154  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1992

4. FEI Number

65-0310916

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**VALERIANO MARCEL**  
**290 BAL BAY DR**  
**STE #104**  
**BAL HARBOUR FL 33154**

10. Name and Address of New Registered Agent

81 Name **Marcel Valeriano**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**290 Bal Bay Dr.**  
83 Ste. 203  
84 City **Bal Harbour** **FL** 85 Zip Code **33154**

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

**Marcel Valeriano**

**4/23/99**

Signature, typed or printed name of Registered Agent and title if applicable

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>VALERIANO, MARCEL</b>	
STREET ADDRESS	<b>170 OCEAN LN DR #507</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>VALERIANO, MARCEL</b>	
STREET ADDRESS	<b>170 OCEAN LN DR #507</b>	
CITY-ST-ZIP	<b>KEY BISCAYNE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Valeriano, Marcel</b>	
1.3 STREET ADDRESS	<b>290 Bal Bay Dr. Ste. 203</b>	
1.4 CITY-ST-ZIP	<b>Bal Harbour, FL, 33154</b>	
2.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Valeriano, Marcel</b>	
2.3 STREET ADDRESS	<b>290 Bal Bay Dr. Ste. 203</b>	
2.4 CITY-ST-ZIP	<b>Bal Harbour, FL, 33154</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

**Marcel Valeriano**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/99 (305) 866-5101**

Date

Daytime Phone #

CR2E034 (11/98)