

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90294 010 \*\*\*150.00

DOCUMENT # V13026

1. Corporation Name  
STARQ TRADING, CORP.

Principal Place of Business

2702 NW 72 AVENUE  
MIAMI FL 33122

Mailing Address

2702 NW 72 AVENUE  
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1992

4. FEI Number  
65-0312847

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 10833 NW 29 STREET  
Suite, Apt. #, etc.

2a. Mailing Address

26 10833 NW 29 STREET  
Suite, Apt. #, etc.

City & State

23 Miami - FL

City & State

28 Miami - FL

Zip

24 33172

Country

25 USA

Zip

29 33172

Country

30 USA

9. Name and Address of Current Registered Agent

TAX MANAGEMENT SERVICES CORP.  
7925 N.W. 12TH STREET, SUITE 324  
MIAMI FL 33126

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME ROMANO, LUIZ A  
STREET ADDRESS 7244 NW 31 STREET  
CITY-ST-ZIP MIAMI FL 33122

TITLE D ☐ DELETE

NAME ROMANO, LUIZ  
STREET ADDRESS 7244 NW 31 STREET  
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST ☒ Change ☐ Addition

1.2 NAME ROMANO, LUIZ A.  
1.3 STREET ADDRESS 10833 NW 29 STREET  
1.4 CITY-ST-ZIP Miami - FL - 33172

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME ROMANO, LUIZ A.  
2.3 STREET ADDRESS 10833 NW 29 STREET  
2.4 CITY-ST-ZIP Miami - FL - 33172

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

~~SIGNATURE REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/99

Date

(305) 471-5990

Daytime Phone #

CR2E034 (11/98)

0246930