PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # **V48679**

1. Corporation Name STAR SHOPPING MAIL CORPORATION

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90114 013 ***150.00



Principal P ace	e of Business	Mailing Address			T IMBIT STADIT MENDE IMESE DELIE TABLE	3861 8 1811 318 11 818 11 8	1681 (1818 11848 1481)
7925 NW 12 STREET 7925 NW 12 STREET							
STE 324 STE 324				DO NOT WRITE IN THIS		:	
MIAMI FL 33126 MIAMI FL 33126 US US					3. Date Incorporated or Qualifed		
					07/08/1992		
2 Principal P	lace of Business	2a, Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			65-0343574		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					75 Additional se Required
22		27 Cit. 8 Otata					<u> </u>
City & State City & State 28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		-
Zip	Courtry	Zip	Cour	ntry	8. This corporation owes the curren	nt year Intangible	
24 25		29	30		Personal Property Tax. Yes No		
	9. Name and Address of Curr				10. Name and Address of New Re	gister: d Agent	
				81 Name			
GOR	RGULHO, MARCOS		ŀ	82 Street Aild	tress (P.O. Bo) Number is Not Acceptable	le)	
7925 NW 12 STREET				OUBEL MIG		- <i>,</i>	
	TE 324		ľ	83			_
MIAI	VII FL 33126		-	94 City		85	Zip Code
			1	84 City		FL	_
office or r agent. I a SIGNATURE	registered agent, or both, in the Sta im flamiliar with and except the obli	gations of, Section 607.0505, Fi	autnorized Iprida Statu	by the corporatites. Agent signature require		DATE DATE	
12.	OFFICERS A	ANI) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	PD	☐ DELETE	1.1 TIT	LE		☐ Cha	ange
NAME	GORGULHO, MARCOS A		1,2 NA	ME			
STREET ADDRESS	7925 NW 12 STREET, SUITE	324	1,3 ST	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126		1,4 CIT	Y-ST-ZIP			T A dubin-
TITLE	VD	☐ DELETE	2.1 TIT	LE		☐ Cha	ange
NAME	LOUREIRO, CARLOS		2.2 NA	WE			
STREET ADDRESS	7925 NW 12 STREET, SUITE	324	2.3 STI	REET ADORESS			
CITY-ST-ZIP	MIAMI FL 33126			ry-ST-ZIP			Addition
TITLE	ST	☐ DELETE	3.1 TIT	Į.		Cha	ange 🗌 Addition
NAME	ROSA, MARIA M		3,2 NA				
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,	324		REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126			TY-ST-ZIP		Cha	ange Addition
ππLE	D	☐ DELETE	4,1 TIT	1			ingo 🗀 Addition
NAME	ALMEIDA, ROBERTO		4.2 N				
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,	324		REET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126	- BEI STE		Y-ST-ZIP		Cha	ange Addition
TITLE		☐ DELETE	5.1 TIT			∑ 0//g	mgonodillon
NAME			5,2 NA	ME REET ADDRESS			
STREET ADDRE 3S							
CITY-ST-ZIP		☐ DELETE	5.4 CIT	Y-ST-ZIP			ange Addition
TITLE		☐ DEFE IE					ango Li Addition
NAME			6.2 NA				
STREET ADORE 3S	1			REET ADDRESS			
DIE TO VEIO	1		6.4 CIT	Y-ST-ZIP			

14. I herebi/ 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 recuired 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICE! OR DIRECTOR