FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000055725 (3)**

1. Corporation Name

~~FOURSTARS GROUP, INC.~~

SPECIAL INVESTIGATIONS GROUP, INC.

Principal Place of Business	Mailing Address
560 N.W. 165TH STREET ROAD NORTH MIAMI FL 33169	560 N.W. 165TH STREET ROAD NORTH MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1994
3a. Date of Last Report:

2. Principal Place of Business — 21: 560 N.W. 165TH ST. RD.
22: Suite, Apt. #, etc.
23: City & State: MIAMI FL.
24: Zip: 33169
25: Country:

2a. Mailing Address — 26: P.O. BOX 693760
27: Suite, Apt. #, etc.
28: City & State: MIAMI FL.
29: Zip: 33269-0760
30: Country:

4. FEI Number: 59-1479450 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COHEN, LEWIS R
1399 S.W. FIRST AVENUE
4TH FLOOR
MIAMI FL 33130

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FRAYND, PAUL	12 NAME	
STREET ADDRESS	560 N.W. 165TH STREET ROAD	13 STREET ADDRESS	600001465186
CITY-ST-ZIP	NORTH MIAMI FL 33169	14 CITY-ST-ZIP	-04/26/95--01053--020
			****200.00 ****200.00
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	FRAYND, SAUL	22 NAME	
STREET ADDRESS	560 N.W. 165TH STREET ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33169	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☑ Change ☐ Addition
NAME	~~DESGALZO, CHRISTOPHER~~	32 NAME	VD
STREET ADDRESS	~~560 N.W. 165TH STREET ROAD~~	33 STREET ADDRESS	Gil Colon
CITY-ST-ZIP	~~NORTH MIAMI FL 33169~~	34 CITY-ST-ZIP	560 N.W. 165th Street RD North miami, FL 33169
TITLE	~~D~~	41 TITLE	☑ Change ☐ Addition
NAME	~~URQUYO, VICTOR~~	42 NAME	
STREET ADDRESS	~~560 N.W. 165TH STREET ROAD~~	43 STREET ADDRESS	Delete
CITY-ST-ZIP	~~NORTH MIAMI FL 33169~~	44 CITY-ST-ZIP	
TITLE	~~D~~	51 TITLE	☑ Change ☐ Addition
NAME	~~FRAYND, MARCOS~~	52 NAME	
STREET ADDRESS	~~560 N.W. 165TH STREET ROAD~~	53 STREET ADDRESS	Delete.
CITY-ST-ZIP	~~NORTH MIAMI FL 33169~~	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	LW

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 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, added or deleted.

SIGNATURE: [signature] 4/12/95 (305)945-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184311 CP