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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DE
Sandi
Sec
DIVISION OF CORPORATIONS

DOCUMENT # P95000063740 (1)

1. Corporation Name

WORLD STAR INSURANCE, CORP.

Principal Place of Business	Mailing Address
8025 BYRON AVE #5 MIAMI BEACH FL 33141	8025 BYRON AVE #5 MIAMI BEACH FL 33141-5323

3. Date Incorporated or Qualified: 08/17/1995
3a. Date of Last Report: 05/01/96

2. Principal Place of Business	2a. Mailing Address
21 4315 N.W. 7 STREET	26 4315 N.W. 7 STREET
Suite, Apt. #, etc 22 SUITE 46	Suite, Apt. #, etc. 27 SUITE 46
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip 24 33126 Country 25 USA	Zip 29 33126 Country 30 USA

4. FEI Number: 65-0601913 ☐ 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	10. Name and Address of New Registered Agent
RAMOS, ISABEL 8025 BYRON AVE #5 MIAMI BEACH FL 33141	81 Name: CELIA M. DUARTE 82 Street Address (P.O. Box Number is Not Acceptable): 4315 N.W. 7 STREET 83 SUITE 46 84 City: MIAMI FL 85 Zip Code: 33126

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: CELIA M. DUARTE 04-04-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUARTE, CELIA M. 8025 BYRON AVE #5 MIAMI BEACH FL 33141	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD RAMOS, ISABEL 8025 BYRON AVE #5 MIAMI BEACH FL 33141	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

5/19/97

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14. 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 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.

SIGNATURE: CELIA M. DUARTE 04-04-97 (305) 774-5636