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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000063740 (1)

WORLD STAR INSURANCE, CORP.

Principal Place of Business Mailing Address 4315 N.W. 7 STREET 4315 N.W. 7 STREET SUITE 48 SUITE 46 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualified 08/17/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0601913 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DUARTE, CELIA M 4315 N.W. 7 STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 48** ВЗ MIAM! FL 33126 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 little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change NAME DUARTE, CELIA M 1.2 NAME STREET ADORESS 8025 BYRON AVE #5 1.3 STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP 14 City St 7th Change ☐ Addition DELETE TITLE 21 TITLE 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true and aconflicer or director of the corb ation or the receiver or trustee empowered to Block 12 or Block 13 if chargoot, or op, an attychment with an address.

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am an Dexecute this report as required by Chapter 607, Florida Statutes; and that my name appears in