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 MAY -1 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 508961 (0)

1. Corporation Name
TRI STAR INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3411 S.W. 11TH STREET DEERFIELD BEACH FL 33442	3411 S.W. 11TH STREET DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/22/1976
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 59-1681251 ☐ 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

SMALL, RICHARD P.
3736 QUAIL RIDGE DR N
BOYNTON BCH FL 33436

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	VD	1.1 TITLE	EVP	☐ Change ☑ Addition
NAME	FISHER, FRANK	1.2 NAME	BALCHUNAS, CHARLES	
STREET ADDRESS	907 CESAR STREET	1.3 STREET ADDRESS	1320 FAIRFAX CIRCLE EAST	
CITY-ST-ZIP	EL SEGUNDO CA	1.4 CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	AS	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBERSON, G. GALE	2.2 NAME		
STREET ADDRESS	500 W MADISON ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP		
TITLE	CDP	3.1 TITLE		☐ Change ☐ Addition
NAME	SMALL, RICHARD P.	3.2 NAME		
STREET ADDRESS	3736 QUAIL RIDGE DR N	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL	3.4 CITY-ST-ZIP		
TITLE	STVD	4.1 TITLE		☐ Change ☐ Addition
NAME	SMALL, NORMA T.	4.2 NAME		
STREET ADDRESS	3736 QUAIL RIDGE DR N	4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL	4.4 CITY-ST-ZIP		
TITLE	AS	5.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, ILEANA	5.2 NAME		
STREET ADDRESS	3411 S.W. 11TH ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	GINTER, J. DAVID	6.2 NAME		
STREET ADDRESS	2091 N.E. 63RD ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP		

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, or on an attachment with an address.

SIGNATURE: C B Balchunas 4/26/95 305-421-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000481 CP